

# Chemist & Druggist

Benn >>

OCTOBER 19 1974

THE NEWSWEEKLY FOR PHARMACY



## Flourishing industry... birds-eye view

*Mentha Piperita*

In the rich fertile acres of Ransom's farmlands, scores of medicinal and essential-oil bearing plants thrive to perfection under the devoted skill of specialist scientists. Processed and assayed with the same meticulous care in Ransom's laboratories, these plants yield superb products that fill the galenical warehouses of the world. Ransom's can also process your own materials, to conserve your capital and reduce your overheads—all in the strictest confidence. Ransom's is an entirely self-contained business, unconnected with any other firm in the industry.



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HITCHIN HERTFORDSHIRE ENGLAND

Established 1846

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**New notional  
salary claim  
submitted**

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**Security  
cabinets  
'vulnerable'**

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**More Co-ops  
give stamps  
on medicines**

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**BEECHAM  
TOILETRIES**

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The newsweekly for pharmacy  
**19 October 1974 Vol. 202 No. 4935**  
 116th year of publication

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Official organ of the Pharmaceutical Society of  
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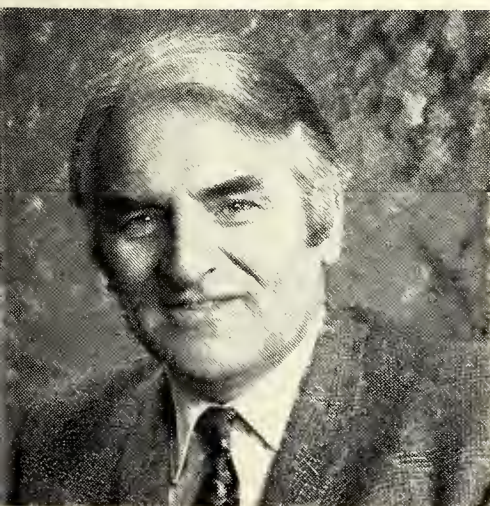
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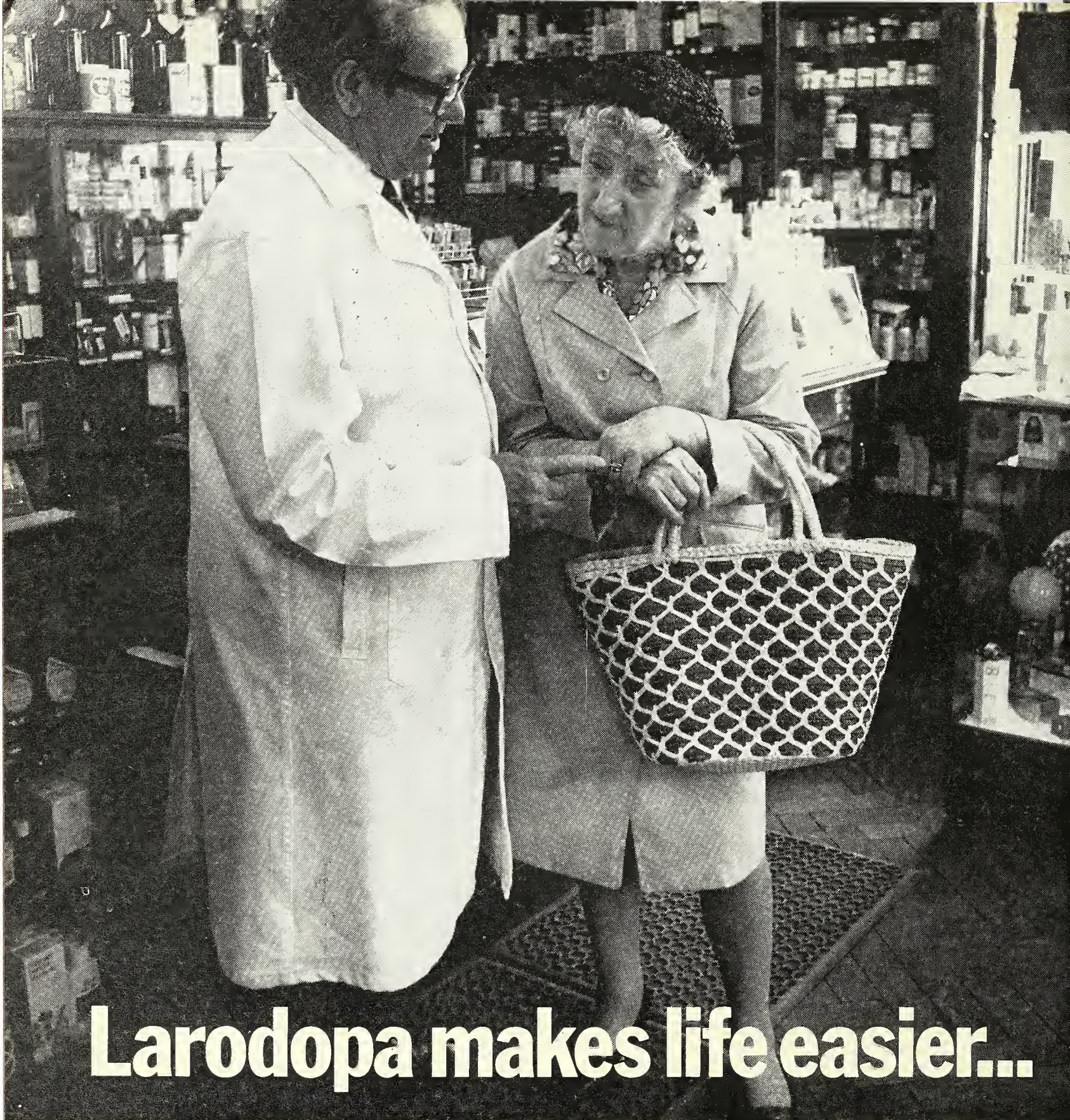
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Mr Harold Porter, PhC, MPSNI, who is  
 to take over the secretaryship of the  
 Master Chemists Association (see p 550)

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ROCHE



# Comment

## Conscience or duty?

During the Statutory Committee's hearing of the "Care Chemist" inquiry (last week, p.502), Mr Boydell QC, counsel for the respondents, pointed out that "misconduct" in a professional sense is left undefined in the Pharmacy Act, 1954. In contrast, the Medical Act (concerning doctors) and the Dentists Act both give an indication of the degree of misconduct required to be proved before the disciplinary committees could impose their sanctions—"serious professional misconduct" in the case of the former, "infamous or disgraceful conduct in a professional respect" in the latter.

Mr Boydell spent some time discussing this point with the Committee chairman, Sir Gordon Willmer, and we must await the Committee's decision to learn whether the Committee feels its powers are restricted by the lack of definition—or, for that matter, whether it feels free to reflect changing professional attitudes in its judgments. Undoubtedly such freedom can be to the benefit of the profession, but a corollary may be that some individual members are left in doubt about what risks they run in taking a particular course of action.

Sir Gordon Willmer likened the Statement upon Matters of Professional Conduct to the Highway Code—but that may be a limited analogy, because the enforceable parts of the Highway Code are clearly indicated and contrasted with those representing "good behaviour" and consideration for other road users. Where for the practising individual pharmacist, is the written distinction between a "rule" that might bring him face to face with the Statutory Committee and one that, at worst, would incur the displeasure of a proportion of his colleagues?

### 'Guidance' should be qualified

The point might be illustrated by reference to the recent activities of the Co-operative movement, in its advertising policies, in its medicines promotions and (see p.547) in its decision in some areas to give trading stamps with medicines. Those well versed in law will be equipped to judge their own positions—but what of those who have only "guidance" from the Society's Council or a vague recollection of a paragraph-wording in the "Statement"?

Can they be sure which is the greater potential threat to their livelihood—refusal to obey an employers' direction or disregarding a professional "standard"?

For that matter, how far will the law go in upholding an individual pharmacist's professional "conscience" in the face of an employer's *legitimate* directions. If there is no protection for the individual, it is the state of the employment market rather than the Council and membership of the Society that will set the profession's standards!

Council should consider whether members' interests would be better served if guidance were to be issued on the areas of the statement considered to be the full responsibility of the individual pharmacist — and whether these are matters of conscience or of threatened disciplinary procedures if breached.

Another helpful action would be publication of a list of "precedents" in Committee decisions, as happens with legal precedents. A considerable part of the Care inquiry involved the production of such evidence — mainly relating to previous advertising cases — but it is too late in the day for a pharmacist to be reminded of the fate of those who have gone before only when he stands accused.

## Discussion time

The theme chosen for the Institute of Pharmacy Management's Conference in Scotland, October 3-7, was absolutely topical. Low cost distribution and voluntary trading organisations (p 561) were described in depth by two international speakers, by one representing Great Britain and by a panel of six giving 10-minute addresses.

The American and South African surveys (last week p 534) were informative but, as a number of delegates pointed out, the situation in those countries was not necessarily applicable to Britain. Both overseas speakers over-ran their time, and Dr Morrison's paper, dealing with the British scene, also covered so much ground that little time was left for discussion — only by cutting a quarter of an hour from the lunch interval was it possible to have discussion at all.

Over-running is a failing by no means peculiar to the Institute and it could be argued that the intimate and cordial atmosphere of the IPM conference, where all residents are in the same hotel, makes it easy to pick up the threads with the speakers in private afterwards. However, the benefits to others are then restricted. Those responsible for the papers in future conferences should emphasise to the speakers at the time they are engaged that their allotted time will be adhered to. Certainly justice is not done to a good paper if it is not discussed.

It must be said, however, that much thought had gone into all the other arrangements for the smooth running of the conference and into the entertainment of the delegates in the off-work periods. The event must be counted as one of the most successful of the Institute's home-based conferences despite the criticism above. For those who had to rely on public transport it is hoped that the beautiful setting of the headquarters made up for its inaccessibility.



# Contractors win £6m lump sum payment

Negotiations between the Central NHS (Chemist Contractors) Committee and the Department of Health on Wednesday have resulted in agreement that a lump sum payment—on the committee's estimate worth about £6 million—will be made to chemist contractors in England and Wales with the payment dispatched at the beginning of December.

The sum represents the additional amount so far agreed as due for 1974.

Each contractor will receive approximately 2½p per prescription for each prescription dispensed between January 1 and September 30, 1974, inclusive.

Negotiations on the outstanding parts of the claim for 1974 are continuing, says an agreed statement.

## £5,796 proprietor's notional salary claimed

The Central NHS (Chemist Contractors) Committee has lodged a claim with the Department of Health for an increased notional salary of £5,796, effective from January 1, 1975.

The figure, and the proposed effective date, are identical to the new salary awarded to hospital principal pharmacists at the top of their grade (last week, p 503).

## Contractors to receive 100% on account

The Central NHS Committee has won its fight to obtain 100 per cent "on account" payments for chemist contractors where payment is delayed. Although Family Practitioner Committees had already been given authority to grant such a concession, none had made advance payments over 95 per cent.

Following further representations to the Department of Health, it has been agreed that where special advances have to be made on November 1, the amount shall be equivalent to 100 per cent of the estimated sum due, calculated by multiplying the average cost per prescription of the latest priced prescriptions for the contractor concerned, by the number of prescriptions dispensed in October.

## Welsh say testing scheme must apply to all

The Welsh Office is to be told that the drug testing scheme should be applied to all those involved in dispensing, not just to pharmacies, and that family planning clinics should not dispense the "pill".

The recommendations are made by the

Welsh Pharmaceutical Committee which held its first meeting recently. Mr Dengar Evans, Caerphilly, who was elected chairman at the meeting, told *C&D* that while the Committee accepted the principle of drug testing as one of public accountability, it was a matter of "common justice" that it should be applied to all dispensing outlets.

## Apocaire delays decision on 'chemist' title

Sangers Ltd do not intend to use the word "chemist" in their consumer advertising before the result of the Statutory Committee inquiry into the Care case (last week p 502), is known.

Mr A. F. Reed, Sangers' merchandise director, told *C&D* this week that they expected to contact those of their customers who had requested the company to give notice to the Pharmaceutical Society about possible changes in their advertising of Apocaire (*C&D*, September 14, p 351), and ask for their further comment in the light of the evidence presented to the Statutory Committee.

## Pharmacists are 'in health team,' say doctors

Pharmacists are seen as full-time members of the health team, providing support to the nucleus—composed of doctor, nurse, social worker and medical secretary—says a report published by the British Medical Association this week.

The report, "Primary health care teams", considers the functions and responsibilities, of the professions allied to medicines" and technicians working with doctors. The report "strongly supports" the development of health centres. On pharmacists, it acknowledges that there are advantages when the local pharmacist practises in the neighbourhood shopping area. "He is readily available to the public and can provide free diagnostic counselling in appropriate cases. However there is also an argument for proposing that the pharmacist should practise from the premises of the primary health care team for the convenience of patients.

## Drug firms' nationalisation

The new Labour Government is determined to go ahead with nationalisation of pharmaceutical firms, predicts this week's *Sunday Telegraph*.

Work on an Industry Bill is said to be under way as the first piece of major legislation and an outline of the measures is expected to occupy a large part of the Queen's Speech at the opening of Parliament.



Mr Ian Sutcliffe, chairman of the Oxford Branch, Pharmaceutical Society, watches as the Lord Mayor, Mrs Olive Gibbs, disposes of unwanted drugs at the launch of a campaign on October 6 (see story below. Photo by courtesy of *Oxford Mail and Times*)

## Oxford campaign receives 50-year-old medicine

A worm syrup about 50 years old, a tube of eye ointment at least 20 years old and a tonic dating back to before the 1939-45 war were among the unwanted drugs collected in the current medicine safety campaign in Oxford.

During the first four days, 3 cwt of drugs, excluding containers, was returned, estimated at 60,000 tablets and capsules, with 220 ampoules and 5 litres of liquids. Other drugs returned included a bottle of eight thalidomide tablets, Controlled Drugs including dexamphetamine and methadone, enough potassium cyanide to kill 2,000 people and sufficient arsenic to kill 20.

The largest single contribution—1,500 tablets—was handed in by the person for whom they were prescribed initially. The campaign has received much publicity, with articles in the local Press every day and radio interviews with pharmacists.

## Pharmacists fail in poll

Two pharmacists standing for Parliament in the General Election last week both came second in their prospective constituencies.

Mr I. W. I. Shipley, contesting Newham South for the Liberal Party, polled 3,611 votes (11.7 per cent of the total) which was 17,721 behind the Labour Party candidate, Mr N. J. Spearing. In the February election, Mr Shipley polled 14.8 per cent of the votes, and 12.5 per cent in a by-election in the constituency during May.

Mr R. Gould, standing as the Conservative Party candidate for Liverpool Walton, received 10,706 votes, 9,862 behind Mr Eric Heffer, Minister of State for Industry in the last parliamentary session.



# Co-op chemists get go-ahead for stamps on medicines

Co-operative Society pharmacies have been advised by the Co-operative Union that they may issue trading stamps with over-the-counter medicines, except poisons, despite the warnings given by the Pharmaceutical Society's Council. At least one Society changed policy from last Monday as a result of the advice, though National Co-operative Chemists Ltd have been giving stamps throughout the dispute with the Pharmaceutical Society.

When Council made its statement in 1971, the technical panel of Co-operative pharmacists decided that stamps could not be given on medicines if pharmacists were to avoid professional disciplinary procedures. However, subsequent legal advice obtained by the Co-operative Union, and issued on October 2, suggests that any action by the Pharmaceutical Society would be a restraint of trade and therefore *ultra vires*. It might thus be followed by a High Court action.

Further discussions have been held with the Society, according to the Co-operative Union, but it has not yet been possible to agree on a final recommendation. The Union has compiled a list of medicines, appliances, professional services, etc, upon which stamps should not be given pending agreement, but meanwhile it feels Co-operative pharmacies should be free to issue stamps on other medicines. It is understood that stamps are already given on medicines sold in some non-pharmacy Co-operative outlets, and pharmacy managers have therefore been in a difficult position.

The Union advice has been sent to chief executive officers in the individual Co-operative Societies, with the suggestion that they should consult their superintendent pharmacists to decide on action.

## HEC campaigns on poisons risk, alcoholism and flu

A film warning on the dangers of leaving medicines about the home is to be screened on television.

This Health Education Council public service film, planned for November, lasts 55 seconds and follows the theme that, to a child, medicines look like sweets. It advises that all medicines should be kept out of the reach of children.

Another multi-media publicity campaign has been launched by the HEC in the north-east to warn of the dangers of heavy drinking.

Scheduled for five weeks the £88,000 campaign will try to educate people on the wise use of alcohol. The HEC have produced two leaflets, one for professional workers explaining how to recognise alcoholism and one for members

of the public affected by the disease or in contact with an alcoholic.

A "flu campaign pack" is to be sent to health education officers and health visitors. It will include facts about the viruses causing the disease and how to conduct a local awareness campaign should the need arise. The information given on treatment says that "aspirin is of value; nasal decongestants may help."

## Possible link between 'pill' and congenital defects

Oral contraceptives taken during pregnancy may on rare occasions cause congenital defects in newborn babies, according to workers at the Birth Defects Institute, New York.

In a recent *New England Journal of Medicine*, they report a study of 108 babies with serious limb deformities. Six of the mothers had become pregnant while taking oral contraceptives and nine had been given sex hormones during pregnancy, three as withdrawal-type preg-

nancy tests. Only four of a control group of 108 mothers with normal babies had taken sex hormones.

The report concludes that some type of maternal predisposition is probably necessary before exposure to the drugs can lead to a malformed offspring. Mothers of affected children may have abnormal endocrine systems, reflected by hyperactive reproductive systems, as some became pregnant almost immediately after discontinuation of the "pill".

## Report urges review of baby milks

All mothers should be encouraged to breast feed their babies for a minimum of two weeks and preferably for the first four to six months of life, recommends a report published this week.

The report, "Present day practice in infant feeding" (HM Stationery Office, £0.45), says that women do not always receive adequate advice and encouragement to breast feed and suggests steps to be taken to remedy that situation. Recommendations include that composition of national dried milk should be modified: artificial feeds be manufactured in liquid or ready-to-use form requiring only the addition of water; the degree of dilution should be standardised and the size of measures should be uniform and reconstitution instruction should be simple and if possible pictorially illustrated. The report calls for the review of legislation concerning the composition, labelling and advertising of milk-based infant foods.

## Pharmacist 'grew cannabis' at his home

When police went to the home of a young pharmacist and his wife they found them growing their own cannabis.

At Old Street Court, London, last week, Michael Hills, 23, and Margaret Hills, of Shepherdess Walk, Islington, pleaded guilty to jointly cultivating a cannabis plant and possessing 7.26g of pure cannabis. Mr Hills admitted a further charge of unlawfully possessing a total of 49 amphetamine tablets, including Dexedrine, Dexdale, Dexobarb and Barbidedex. All of the offences were in contravention of the Misuse of Drugs Act.

Detective Constable J. Dockree said police went to their home on another inquiry

and they saw the cannabis plant growing from a pot in the living room. Mr Hills, whose occupation was described as being self-employed relief manager, said the amphetamine tablets were old ones he had saved from his college days. He apologised to the court and said they had been stupid.

"I think you have been more than stupid, you have been irresponsible," remarked the magistrate, Mr T. Springer. "Apart from anything else this kind of offence might well jeopardise your whole career." They were each fined a total of £50 on the cannabis offences and Mr Hills was given a conditional discharge for 12 months in respect of the amphetamines.

Mr Bill Franklin, Coty 1973 salesman of the year recently celebrated 25 years with Coty and won a trip to Copenhagen for his achievement with their Christmas programme. Left to right: Mr C. M. Graham managing director, Mr Franklin, Mr C. Webster, sales manager, Mr D. Fawcett, regional manager





# Security cabinets 'vulnerable'

A recommendation that only drugs or substances covered by the Misuse of Drugs Act and the Safe Custody Regulations should be stored in security cabinets is given by Mr J. Wright, secretary of the National Pharmaceutical Union, following the theft of strychnine from a Suffolk pharmacy.

In a letter to Sir Arthur Peterson, Permanent Under Secretary of State, Home Office, on October 14, he said the NPU proposed to give pharmacists this advice "because it has become obvious from the frequency of reports reaching us that the new security cabinets are now by far the most vulnerable part of retail pharmaceutical premises.

"Your officers know that, from the outset, we have consistently pointed out the dangers associated with the installation of regulation cabinets and it is more than likely that the police reports you are receiving will be lending cogent support to this view. Your officers will also be aware that an exactly similar pattern developed in the United States after the introduction of cabinets of this kind and that subsequently the law was changed to permit pharmacists to store Drugs of Misuse in less readily identifiable parts of their pharmacies."

## Levered from wall

The 3oz strychnine stolen from Savory & Moore Ltd, Mildenhall, Suffolk, last week had been placed for safety in one of the security cabinets approved under the Misuse of Drugs (Safe Custody) Regulations 1973. It is thought the thieves were unaware that anything other than Controlled Drugs were in the cabinet. The local police have issued warnings on television and radio about the dangers of handling strychnine and special checks for the poison in the area's water supply are being carried out.

Mr D. Monk, manager of the pharmacy, told *C&D* that the cabinet was one of the new metal ones which was fixed as specified by two bolts to a masonry wall. The whole cabinet was levered from the wall and taken away. No stock, money or other drugs appeared to have been stolen and there was otherwise "very little mess." Thieves recently removed a similar cabinet from the wall of Mr D. L. Coleman's pharmacy, Stalhan, Norwich.

## First report of Northern Ireland CSA

Chemists in Northern Ireland were paid £7,504,309 for prescriptions dispensed April-December 1973, after £568,120 had

been deducted for charges collected and retained by them. Rota fees for the same period totalled £19,992.

These figures are given in the First Report of the Central Services Agency published recently by the Northern Ireland Department of Health. Although the CSA only came into operation in October last year, the report, up to December 31, 1973, incorporates statistics of the previous General Health Services Board, April-September.

The number of pharmaceutical contractors at December 31, 1973, was 542 with 582 pharmacies and seven appliance contractors operated from seven sets of premises. Over the months April-December, 7,812,389 prescriptions (4,981,441 forms) were dispensed, an increase of 1.93 per cent (+1.67 per cent). The average number of prescriptions per form remained about the same (1.56) and prescriptions cost 7.61p more on average. Some 63.81 per cent of prescriptions were exempt of charges. A total of 58 doctors from 51 practices dispensed some 174,580 prescriptions for 55,365 patients on their lists during April-December, for which they were paid £177,543.

## Newspaper apologises to pharmacist

The *Sunday Times* this week published an apology to one of the pharmacists mentioned in an article on drug substitution (*C&D*, October 31, 1970, p607).

One of the pharmacies named in the article was part of a group owned by Mr Elliott Godfrey, known as Elliott Godfrey Ltd. The apology read:

"We accept that all the allegations of dishonesty and impropriety made against Mr Godfrey and his company were unfounded and we unreservedly withdraw them. We very much regret that Mr Godfrey and his company were included in the article and we apologise for the embarrassment they have been caused.

"We have agreed to pay Mr Godfrey and his company a substantial sum by way of damages in addition to paying all their legal expenses."

## Hospital salaries: correction

In the course of printing, a line was omitted from the table of new salaries for hospital pharmacists (last week, p503). The words "Area pharmaceutical officer" should have appeared directly below "District pharmaceutical officer." The new starting salary for area pharmaceutical officer in non-teaching areas of 800,000 population or more should have read £5,682.

Delegates at May & Baker Ltd's first conference for their overseas medical marketing executives, held at Dagenham, to keep them in touch with the group's research programme.

## Irish News

### Pharmacy discussion document promised

The Irish Minister of Health, Mr B. Corish, has promised to publish a discussion document giving his views on a national policy for pharmacy.

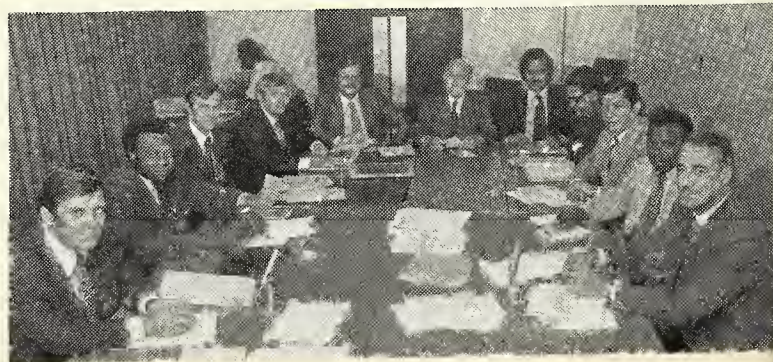
Speaking at last week's Irish Pharmaceutical Congress banquet at Waterford Mr Corish said he had received a series of documents drawn up by the Pharmaceutical Society which sought a clearer definition of the roles of pharmacists engaged in general practice, hospital and manufacturing. While accepting the need for clearer definition, Mr Corish pointed out "there will be difficulties for all of us in accepting the roles tentatively defined."

On the suggestion that the pharmacist should have overall responsibility for the manufacturing process, Mr Corish said: "I am inclined to believe that no one profession should dominate this sphere of activity."

"I accept fully that a clear policy on pharmacy should be announced as quickly as possible," Mr. Corish went on, adding that he would publish a discussion document after a further meeting between the Society and Department officials. Such a document would contain his views on the role of the pharmacist in the health service and suggestions on the appropriate legislation within which the pharmacist should work.

On the General Medical Services scheme, Mr Corish said he would do anything he could to simplify the procedures involved. While he accepted that there had been increases in some costs since the scheme had started, he felt he could not make an offer in relation to the 290 per cent claim on fees made by the Pharmaceutical Union (last week, p 531), but would take steps to speed the process to arrive at a satisfactory solution.

Replying, Mr R. J. Semple, president of the Pharmaceutical Society, said that some pharmacists may be forced to withdraw from the GMS unless there was something extra for them in the contract, and pharmacy was failing to attract young people into the profession — the intake of students into the College of Pharmacy had not been satisfactory for the past 10 years. He felt that the State should recognise the value of post-graduate education by allowing leave of absence with pay for hospital pharmacists and giving some help towards locum fees for retail pharmacists. The time had come for the Department and the Society to get together on methods to counter the growing number of drug thefts, Mr Semple added.





Scottish Department conference

# Gains from Integration

an acceleration in the growth of health centres, developing emphasis on health education, and family planning, were some of the gains from the integration of the National Health Service, said Mr R. D. R. Gardner, secretary of the Greater Glasgow Health Board at the pharmaceutical Society's Scottish Department conference on October 13. He forecast a diversion of resources "from the hospital out into the district to the clinics, to the homes, and to the health centres, to try to stem or reverse the ever-increasing flow of patients visiting hospital outpatients' departments."

Integration became necessary because the functions and aims of the Health Service had changed. Nothing had played so great a part in that change as the triumphs of the pharmaceutical industry. The majority of the resources of the Service were now devoted to the elderly, the mentally sick, and the very young, none of them presenting a picture of single episodes of illness. There was the prospect of developing positive aspects of health, including the prevention of illness by health education and by family planning, but educating people in sensible health habits was "a long, hard chore."

Integration was a challenge "startling in its scope and complexity." Health had become more clearly interdependent with housing, social work and the like, and the problems had become so fundamental and so political that they would increasingly be seen to be capable of public argument. The real gain of integration was in planning "for a little further ahead," but without any doubt the great cloud looming over the Health Service was the limited skilled manpower available and the obvious fact that colleagues in local government would be unable to meet the demands for social work support, for domestic help, specialised housing and hostels.

## the hiatus

The conference theme was "Integration: the prospect and the problems." Mr A. Roxburgh, chief administrative pharmaceutical officer of the Greater Glasgow Health Board, dealt with the integration of pharmaceutical services. He thought difficulties could arise from "the undeniable hiatus that has existed for so long between the general practice and hospital sides of pharmacy" because of the fundamental difference in the relationship of each branch of the profession with the Health Board as contractors or employees. There were, however, unmistakable signs of a desire by pharmacists on both sides to work for the patient's good.

Pharmacists had three problems—to ensure the discharge of all pharmaceutical



Left to right: Dr J. Chilton, resident secretary, Scottish Department, Mr A. Roxburgh, Mr C. R. Blythe, chairman, Mr R. D. R. Gardner and Mr J. P. Bannerman

responsibilities; to create and maintain not a unified but a complementary pharmaceutical service; to achieve effective co-operation within the profession and be positive in advising the Health Boards what pharmaceutical services should do and could do in health care. Within the Greater Glasgow Health Board committee structure there were several programme planning committees covering mental health, geriatrics, child health, maternity services, etc, and in all those areas of health there was a pharmaceutical responsibility to be identified and discharged.

When pharmaceutical responsibilities were identified there must be an attempt to discharge them, and that brought the age-old problem of inadequate manpower facilities. There were about 240 pharmacists full-time and part-time in the Scottish hospital pharmacy service. About 25 per cent of them were employed by the Greater Glasgow Health Board "and we have about a 50 per cent shortage." It resulted in a service inferior to what should be given.

## Pre-registration training

Mr Roxburgh then dealt with pre-registration pharmacy graduate training and the course which was now attended by students from both sections of pharmaceutical practice. They were also attempting co-operation in drug information services, and in Glasgow they were "starting to talk about an effective 24-hour pharmacy service." He thought that the area pharmaceutical committee was a forum for discussion by both sides of the profession, and those committees should be used to provide effective advice to the Health Boards. The other channel was the area pharmaceutical officer who "must always have the interests of the pharmaceutical services and the pharmaceutical profession at heart."

Miss E. A. Meikle, Drymen, said during the discussion that pharmacists may have to teach other disciplines and some other pharmacists what is meant by a good pharmaceutical service in 1974. In some new hospitals the pharmacies were in the basement. We want new pharmacies to be up to all the standards of the Medicines Act. Concerning the hiatus that existed between hospital and general practice pharmacists she felt that if they sat down together to work at the problems many difficulties would disappear. Pharmacists could do an "awful lot" to tell people "what they did".

Mr D. Dalglisch, Aberfeldy, suggested

that pharmacists would have to face up to some unpalatable aspects of integration. The general practice pharmacist may have to surrender some of his independence and status. He did not accept there was a need for more health centres which often increased problems of communication between professions and patients.

Mr D. C. Mair, Glasgow, failed to see how a pharmaceutical service could be planned without more controls on the NHS contract.

It would be necessary to demonstrate forcibly to the Government, said Mr J. P. Bannerman, vice-president, what were the implications for the patient of the lack of an adequate pharmaceutical service.

Mr G. H. V. Campbell Tarbert, stressed there was no substitute for a pharmacist in the community, although he accepted that the hospital pharmacist had some facilities beyond those of the general practice pharmacist.

Dealing with the duties of the CAPO, Mr Myers said it had been suggested that with their multitudinous committee meetings CAPO's needed a second pharmacist to help in administrative duties.

Mr Gardner said he was very worried about the increasing number of committee meetings. He hoped that things would settle down and that there would be a great deal of mutual trust. There had been a certain amount of "watching the defences" by the various groups.

After some members had expressed concern about the possible activities of the local Health Councils, Mr A. Cowan, Stirling, pointed out that the NHS administration had "moved away from the man in the street." He thought there were great possibilities in the new Councils if they did not become "mere talking shops."

Mr Bannerman reminded the audience of over a hundred that "we are only just beginning" to feel the effects of "consumerism." The Health Councils were going to be critical but he believed that the general practice pharmacist would find the Councils a great help.

During the afternoon session, Professor G. Melvyn Howe, University of Strathclyde, gave the Third Macmorran lecture—its title was "The Geography of Disease." He dealt with the global patterns of disease at continental, national and local city and ward level. He suggested that the geographical approach, relating disease with the physical, biological and sociocultural environments, could throw useful light on the possible aetiology of many diseases.



# People

**Mr Harold Porter, PhC, MPSNI**, Windyridge, 7 Ringercevy Road, Comber, Newtownards, co Down, has been appointed secretary of the Ulster Chemists' Association in succession to Mr C. S. Ritchie, PhC, MPSNI, who is retiring October 23. Mr Porter served his apprenticeship with Messrs Davidson & Hardy Ltd, Castle Street, Belfast, and later worked as an assistant with Messrs I. W. Nicholl Ltd, High Street, Belfast. Qualifying in 1943, he acquired his own business at The Square, Comber, in 1947. He sold his business in 1969 to devote more time to studies in social sciences at Queens University.

Mr Porter is an experienced administrator, having been the Comber member on North Down Rural Council from 1965 to 1973, acting as chairman of the Council's Housing Committee for five years. He ran as an athlete in the colours of Ballydrain Harrier and Athletic Club and two All-Ireland senior cross-country winning team medals are among his trophies.

**William P. Mallinson**, pharmacy superintendent, of Westons Chemists, has been elected an associate of the Institute of Chartered Secretaries and Administrators. Mr Mallinson is chairman of the Sheffield Area Chemist Contractors' Committee and a member of the Sheffield Family Practitioner Committee.

**Mr D. M. Graham, MPS**, who owns a pharmacy in Queen Street, Haverhill, Suffolk, has retired as a magistrate on the Haverhill Bench after 27 years as a JP. Although he has given up dispensing the law from the bench, Mr Graham made it quite clear that he is to continue dispensing medicines from his pharmacy.

**Mr Arnold Munns** has relinquished the chairmanship of Roure Bertrand Dupont Ltd on his retirement on September 30, and so brings to an end an era in the essential oil trade which he first entered over 50 years ago. He set up his own business, A. W. Munns & Co, in 1930. At the end of September, 1972, the company, by agreement, went into voluntary liquidation, its interest having been sold to Roure Bertrand Dupont Ltd.

## New artificial sweetener

The manufacturers of L-aspartyl-L-phenylalanine methyl ester (Aspartame) have asked that the substance should be added to the list of artificial sweeteners permitted for use in food in the United Kingdom. The Food Additives and Contaminants Committee is considering the application and comments or representations should be sent to its secretary, Room 556, Great Westminster House, Horseferry Road, London SW1P 2AE, to arrive not later than November 30. Aspartame is a dipeptide produced from the amino acids L-aspartic acid and L-phenylalanine. It is estimated to be about 200 times as sweet as sugar.

# Topical reflections

BY XRAYSER

## Commerce

A recent issue of *Pulse* had an item headed "Rural G.P.'s win again"—a title suggestive of a "Western". It seems that a Dr Morgan-Williams of the rural practices subcommittee of the BMA General Medical Services Committee is of the opinion that as long as his committee resists change in Regulation 30, no change will take place. That indicates an overwhelming confidence which may or may not have substance.

I wonder what Dr Williams would do if the Government decided that it was desirable to alter the terms of rural dispensing? I wonder what he would do if the Government decided that the amount of pension payable to the doctor was no longer to be related to any income he might receive from dispensing? But these are hypothetical questions, for as long as his committee resists change, no change will take place.

Dr Williams is not unreasonable in the matter, however. He sees the pharmacist's attitude towards rural dispensing as understandable, for a pharmacist does not open a chemist's shop for the sake of his own health. That seemed to be an encouraging statement. It seemed at that point that the doctor had decided that it was for the sake of the health of other people. But such was not the doctor's intention. The pharmacist, he goes on to say, does so as a commercial venture, relying on his dispensing service to act as a magnet to bring more money and people into his shop.

It seems also that the pharmacists' efforts to try and achieve a solution to the dispensing problem have been "persistent". How dare they! And some of the tricks the pharmacists have employed have not been particularly creditable, it seems. If the doctor thinks that assists toward a solution I must say it does not strike me as particularly helpful. But then, we must realise that some rural doctors are not in business for the sake of their health but as a commercial venture designed to further their financial ends. And I hope that, in general, their dispensing displays fewer errors than I find in their written prescriptions.

## Controlled drugs

Another medical man, Professor R. D. Teare, speaking to a recent meeting of the British Medical Association, said: "Examples can be given of unqualified chemists' assistants," (I think I know what he means, though one might have expected a forensic expert to have used more precise language) "who have a key to the shop and turn up early in the morning, ostensibly for the purpose of opening up or sorting the mail, but who can make a good living on the side by stealing two or three dozen tablets of, say, Diconal, and flogging them to boy-friends."

In view of the fact that the drug mentioned is a Controlled Drug which must be kept in a locked cupboard, and that the key must be in the possession of the pharmacist, and that all purchases and sales must be accounted for, and that stocks are frequently checked by an inspector, I am flabbergasted to know that Diconal can be flogged to boy-friends, as the professor so elegantly puts it.

## Forensic knowledge

I take it that such examples as the professor mentions have been reported to the authorities. Since Professor Teare is a professor of forensic medicine, we must assume that when he says Diconal he means Diconal. Personally, I have had no experience of assistants of the kind described, nor do I know how the Diconal could be abstracted from its secure place short of sandbagging me and taking the keys from my pocket. It may be, of course, that a knowledge of forensic medicine does not necessarily indicate a close acquaintance with forensic pharmacy.



# Mum and Fresh & Dry - Follow the Leaders



Bristol-Myers announce that Mum and the Fresh & Dry range are the two leaders in the Chemist anti-perspirant deodorant market.

An independent Chemist audit\* makes Mum roll-on No. 1 with a 12% unit share and the Fresh & Dry range No. 2 with a 10% unit share of consumer sales through Chemists.

Add those figures together and that gives Mum and Fresh & Dry nearly a quarter of the Chemist aerosol and roll-on market.

The figures speak for themselves. Follow the leaders. Stock more Mum and Fresh & Dry and put your profits out in front.

\*Stats M.R. Chemist Audit.

**Bristol-Myers: Number 1 in Deodorants**



# Trade News

## Apresoline 50mg, Trasicor changes

CIBA Laboratories, Horsham, Sussex, have introduced Apresoline 50mg tablets (100, £1.20). Each round, sugar-coated, violet-red tablet contains hydralazine hydrochloride 50mg.

All new orders for 20mg and 40mg Trasicor tablets in the UK are currently being met with new film-coated tablets. The new 20mg tablets are white, circular, flat with bevelled edges, with "CIBA" on one side and "SR" on the other (formerly white uncoated tablets). The film-coated 40mg tablets are white, circular, flat with bevelled edges, with "CIBA" on one side and "AI" and a breakline on the other (formerly white uncoated tablets). Film-coated Trasicor 80mg and 160mg tablets are already supplied in the UK.

## Dextran infusions redesigned

Pharmacia (Great Britain) Ltd, 75 Uxbridge Road, London W5 5SS have redesigned their presentations of Macrodex and Rheomacrodex dextran infusion solutions.

The bottles are a light-weight slim design with calibrations along the label edge, readable whether the bottles are upright or hanging. Each of the dextrans has colour code stripes on the label with a matching plastic seal on the cap. The batch number on the label is also engraved on the seal. The bung is a new rubber composition and a light plastic hanger has replaced the earlier soft metal device.

## Tamperproof closure

A new tamperproof closure, said to be suitable for blow-moulded plastic containers, has been introduced by Parsons Brothers Ltd, Sutton Road, Hull HU7 4A7.

Named Parlock, the closure incorporates a locking ring assembly which, with the cap, screws down onto the neck and is automatically held in position by the lugs on the locking ring which engage on the ratchet of the down neck — the cap cannot then be removed without first tearing off the locking ring, and if considerable force is applied, the tamperproof ring bursts. The ring is torn free by pulling one of the tabs provided, and the cap is then readily unscrewed. The cap is returnable and only the ring needs replacing for a second journey.

## Vegetable extracts from France

A new range of plant and vegetable extracts for use in "natural" cosmetic formulations such as shampoos, soaps, lotions, skin tonics and bath oils, has been developed by Gattefosse of Paris, and is currently being marketed in the United Kingdom by Jacobson van den Berg & Co. (UK) Ltd, 231 The Vale,



The new bottle shape introduced by Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex, for Veno's Cough Remedy. The bottle, which is more resistant to breakage, will be featured in television commercials this winter.

London W3 7RN. Going under the collective title of Vegetols they cover water soluble extracts from seaweed, hawthorn, arnica, cornflower, marigold, chamomile, ivy, marshmallow, witchhazel, walnut tree, common nettle, rosemary, broad-leaved lime, and birch tree.

## Veterinary prostaglandin

Upjohn Ltd, Fleming Way, Crawley, have introduced a prostaglandin preparation for veterinary use in mares and cattle.

Prostin F<sub>2</sub> alpha Vet (Dinoprost) is a sterile solution of synthetic or partly synthetic naturally-occurring prostaglandin F<sub>2</sub> alpha as its crystalline THAM (tromethamine) salt. Its luteolytic action can be used for the induction of oestrus, for more effective control of the time of oestrus in mares and cattle and for the treatment of mares which have proved difficult to breed. Another use is in ovum transfer when cows with high genetic potential may be stimulated to produce many eggs instead of one or two. Following breeding these fertilised eggs are removed surgically from the donor cow and transferred to recipient heifers — one egg each, so the donor cow can produce several calves in a year instead of one.

The product is available to veterinary surgeons only (1ml, £3.55 trade; 5ml £13.29).

## Booklet on cancer

"A new look at cancer" is the latest title in the Family Doctor series (£0.15). Professor Sir David Smithers, who has pioneered work in cancer research and treatment, explains the present situation of both, pointing out that cancer can be prevented and that delay by both patients and doctors makes treatment difficult. He lists warning signals which suggest the disease may be present. The booklet is available to members from the National Pharmaceutical Union, 321 Chase Road,

London N14 6JN, or from Family Doctor Publications, 47 Chalton Street London NW1 1HT.

## Now in two sizes

Panty Pads from Lilia-White (Sales) Ltd, Alum Rock Road, Birmingham B8 3DZ, are now in two sizes — regular (£0.22½) and super (£0.25), which is slightly over an inch longer than the regular size. Both have an improved adhesive strip, and come in newly-designed polythene packs. To promote the new sizes the makers are launching an £80,000 campaign lasting until the end of the year.

## Supersoft on television

Reckitt & Colman, toiletries division, Sunnydale, Derby DE2 9GG, are to feature Supersoft shampoo on television in a five-week campaign beginning October 28. The 30-second commercial has actress Joanna Lumley conveying the message: "Supersoft shampoo makes hair beautiful . . . and keeps it that way" and will be televised nationally.

## BDMA 1974 directory

The British Disinfectant Manufacturers' Association have published the latest edition of their directory of members' products and services. The 1974 directory is available from the Association, at 93 Albert Embankment, London SE1, and is free of charge.

## Economy size Aquafresh

Beecham Proprietaries, Beecham House, Brentford, Middlesex, have introduced an 85-cc, "economy" size Aquafresh toothpaste (£0.34).

*Continued on p 555*



A new range of "fun of the fair" counter-display items for Minadex by Glaxo Laboratories Ltd, Greenford, Middlesex. Designed to appeal to children, they include a helter skelter dispenser unit that holds 2 x 200ml packs, and two pack crowners — swing boats and a carousel with a flag on top. They can be ordered as a set, with dummy packs and are obtainable from the sales service department.



# WINTER'S BEST SELLERS!



Colds and flu, coughs, sore throats, aches and pains . . . for each there's a top-selling Beecham Remedy that will sell even better this year. The reason? Beecham's record-spending new television and press campaigns added to threats of Tokyo flu and hard weather forecasts. Check stocks and displays *now* – and benefit from demand, advertising and Beecham's active support of price maintenance.

## BEECHAM HOME MEDICINES- BEST SELLERS ALL ROUND

Beecham's Powders  
Tablets, + Hot Lemon  
Phensic Tablets  
Macleans Indigestion Remedy  
Powder, Tablets  
Iron Jelloids  
Fynnon Calcium Aspirin  
Tablets  
Cephos Powders, Tablets  
Ellimans Embrocation

Germolene Ointment,  
Footspray, Plasters, New-Skin  
Setlers Tablets  
Venol's Standard and Honey & Lemon  
Fynnon Salt  
Dinneford's Gripe Mixture  
Yeast-vite Tablets  
Phosferine Tablets, Liquid  
Fynnon Spa Bath Salts and Liquid  
Beecham's Pills

All Fresh Clean-up Squares,  
Baby Bottom Wipes  
Eno 'Fruit Salt'  
Germoloids Ointment,  
Suppositories, Moist Toilet Tissues  
Phyllosan Tablets  
Ashton & Parsons Powders  
Mac Lozenges  
Night-nurse (Southern, London T.V.)  
Diocalm Tablets

BEECHAM PROPRIETARIES, Beecham House, Great West Road, Brentford, Middx. Tel: 01-560 5151



**JUST  
LOOK**

# Scoop the sunlamp sales peak with Carmen's new Sundial.

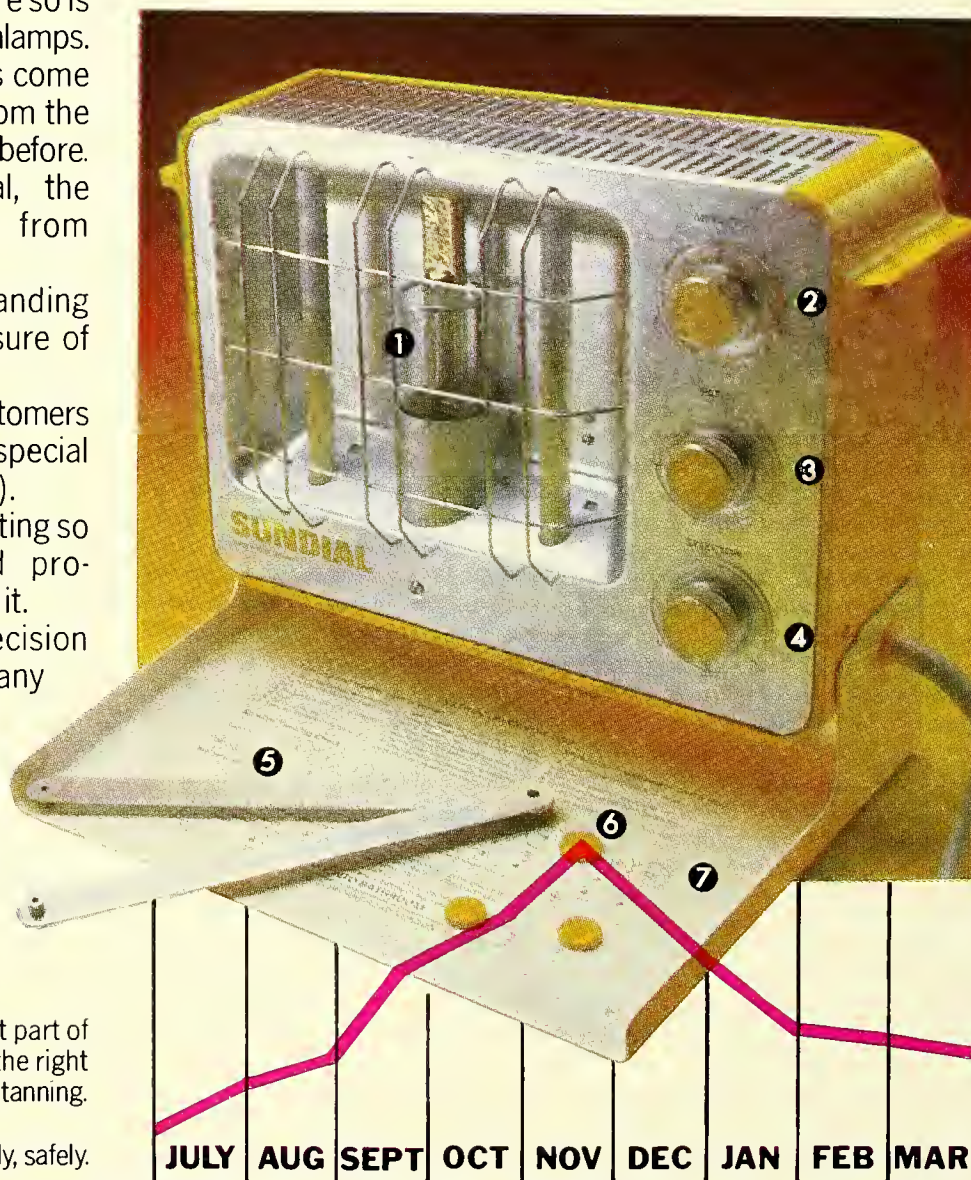
Now the cold weather is here so is the heaviest demand for sunlamps. And right now the time has come for you to start profiting from the sunlamp sales peak as never before.

It's come with Sundial, the advanced new sunlamp from Carmen.

There are three outstanding reasons why you can be sure of Sundial.

1. Because it offers your customers such safety in use (the special Sundial filter sees to that).
2. Because Carmen are putting so much advertising and promotional support behind it.
3. Because Sundial is precision engineered in West Germany and sold by Carmen – famous for the quality of its products.

So prepare now to profit from the Sunlamp sales peak as never before.



## 1. The Quartz Glass Filter

The Special Sundial filter cuts out part of the ultra-violet light so that only the right amount is received at each stage of tanning.

## 2. Timer/Alarm

To time tanning sessions accurately, safely.

## 3. The Filter Control

Enables the filter to be adjusted with fingertip ease.

## 4. Infra-Red

The soothing warmth of infra-red light by simply turning the selector switch.

## 5. Distance Measuring Gauge

To set the correct distance for tanning face or body.

## 6. Magnetic Memory Counters

To record each day reached in the tanning course.

## 7. Tanning Chart

Shows exact time and filter position for each tanning session.

# SUNDIAL

The sunlamp with the safety filter

**The Carmen Curler Co. Limited**

Deer Park Road, London, SW19 3UX. Telephone: 01-542-8500



# Just look at the Advertising & Promotional Power behind SUNDIAL this Winter

A tan is a colour. So colour advertising is needed to sell sunlamps.

The Sundial Campaign in Full Colour will reach over 15 million of your customers right through the peak Sunlamp buying period and into the Christmas gift trade too.

## Full colour advertisements and gift features

### Sundial for winter suntans

Everyone knows what a Sundial sunlamp is for. But how many people know that you can get a Sundial sunlamp in a variety of sizes and shapes to suit your needs and your budget? The Sundial sunlamp is available in a variety of sizes and shapes to suit your needs and your budget. The Sundial sunlamp is available in a variety of sizes and shapes to suit your needs and your budget.



### will be appearing in...



### PLUS

Colourful, simple-to-use display material for you.



# Trade News

Continued from p 552

**Ronson Christmas promotion**  
Ronson Products Ltd, Randalls Road, Leatherhead, Surrey, are to launch the biggest-ever promotion for their electrical range which will run through until Christmas. The Ronson brand will be highlighted in four advertising campaigns in the national Press and magazines, and there will be a peak-hour national television campaign.

The Ronson rechargeable shaver will be featured in a 30-second television commercial shown in all areas from the end of November until Christmas. The commercial has the theme of "performance and convenience".

The Ronson Rio hairdryer will appear in the *TV Times*, and *Womans Own* from October through to December, and also appear in *19*, *Cosmopolitan*, *She*, *Over 21* and *Miss London Weekly*. The advertisement features a Pan Am stewardess who carries her Rio hairdryer everywhere.

Two holidays in New York for two are the prizes offered by Ronson Products in a current Ronson Rio consumer competition. Winners will stay one week at a hotel and receive £100 spending money; 100 Pan Am overnight bags will be given away as consolation prizes. Entrants are asked to list in order of importance, qualities that make a perfect air hostess and complete a sentence about the product. Closing date for entries is January 3, 1975. Promotional material is available.

The television commercial for Ronson Escort features the Scarlet Pimpernel, a theme that emphasises the portable Escort as the "most complete hairdryer on the market". The commercial will be seen nationally from the end of November until Christmas. And full-page advertisements featuring the Ronson automatic toothbrush will appear in the *TV Times*, *Good Housekeeping*, *She*, *Family Circle*, *Observer* and *Daily Telegraph* colour supplements. These campaigns represent nearly a 30 per cent increase in advertising expenditure over the same period last year.

**Price Commission's interventions**  
The Price Commission says it intervened during September to reject 44 pre-notifications of price increases from category I and II companies. Also, 23 pre-notifications were withdrawn, and the extent of the proposed increases were reduced in 58 cases. The rejections included 19.15 per cent sought by Beatson, Clark & Co Ltd on glass containers, closures, stoppers, pvc containers and capsules; Elizabeth Arden Ltd withdrew a pre-notification of 3.83 per cent on cosmetic products and beauty treatment services and Roche Products Ltd withdrew their proposal for 27.4 per cent on the USP grade and 20 per cent on the feed grade of calcium D pantothenate. Proposed increases by Philips Electrical Ltd of 4.2 per cent on the Philishave range and 7.7

per cent on the Ultraphil health lamp were reduced by 0.08 and 0.01 per cent respectively.

**Sundial advertising**  
The Carmen Curler Co Ltd, Deer Park Road, London SW19 3UX, are featuring Sundial sun lamp in a consumer advertising campaign this winter. Full-colour advertisements will appear in *Reader's Digest*, *TV Times*, *Radio Times*, *The Sunday Times*, *Telegraph*, *Cosmopolitan*, *Good Housekeeping*, and *Woman*.

**Correction**  
The trade price of both "cash and carry" packs of Caroline nappies (C&D, October 5, p480) is £8.64 and not as stated.

**Bonus offers**  
J. N. Toiletries, division of Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland NE24 4RG. Thicken Hair. 12 invoiced as 10 on small sizes. Protei-Nail. Pre-packed counter display unit holding 12 bottles and 24 tubes—12 invoiced as 10, 24 as 20. Aqua Velva. Counter display containing 2-oz sizes of after shave and pre-wet shave lotion—15 as 12. Free compact counter display dispenser containing 4-oz sizes pre-wet shave lotion, shaving foam, after shave lotion—16 as 12, with after shave tester.

Ticen Ltd, 12 Cumberland Street, Dun Laoghaire, Co Dublin (distributors Unichem Ltd, Crown House, Morden, Surrey). Tinol and Hi-C—13 as 12.

## on TV next week

- Ln — London; M — Midland; Lc — Lancashire; Y — Yorkshire; Sc — Scotland; WW — Wales and West; So — South; NE — North-east; A — Anglia; U — Ulster; We — Westward; B — Border; G — Grampian; E — Eireann; CI — Channel Islands.
- Alberto Balsam shampoo and conditioner:** All except B  
**Andrex:** All areas  
**Aquafresh:** All areas  
**Belle Color:** Ln  
**Bristows shampoo and conditioner:** All areas  
**Complan:** All areas  
**Cow & Gate baby meals:** All except U, E, CI  
**Cow & Gate Babymilks:** All except M, A, E, CI  
**Cutex:** Ln, M, G, Y, WW  
**Freshmint:** All areas  
**Marigold household gloves:** All except Sc, We, B  
**Max Factor Shimmering Creme Puff:** All areas  
**Old Spice:** All areas  
**Pears Lasting Care:** Ln, M, WW, So, We, CI  
**Pears soap:** All except Ln, So, U, E  
**Philips Ladyshave:** M, WW, So, A, We  
**Pond's Light moisturiser:** Ln, M, So, Y  
**Rinstead pastilles:** Ln  
**Shanida:** All areas  
**SR:** All areas  
**Three Wishes soap:** So  
**Us hairspray:** Lc  
**Vosene:** All areas



# New products

## Babycare

### Dri-tot liners

Maws Ltd have produced a new nappy liner called Dri-tot (100, £0.72). The liner is made from a water-resistant material with hundreds of minute holes which allow liquid to pass through to the Terry-towelling nappy where it is absorbed. In this way the liner, which is next to baby's skin, remains dry and therefore reduces chafing, soreness and nappy rash. Before use, the liners are opened out and placed in the centre fold of the Terry nappy (S. Maw Son & Sons Ltd, Aldersgate House, New Barnet, Herts).

## Optical

### Solution for hard contact lenses

Transoak is a soaking and cleaning solution for hard contact lenses (10ml, £0.28; 120ml, £0.74½). It contains benzalkonium chloride 0.01 per cent, disodium edetate 0.2 per cent, solubilising agent 0.8 per cent (Smith & Nephew Pharmaceuticals Ltd, Bessemer Road, Welwyn Garden City, Herts).

## Cosmetics and toiletries

### Winter products from Revson

A sheer lightweight foundation—Cremegel make-up (£2.25)—has been introduced in the Ultima II range. Presented in a tube, it comes in six shades—aurora beige, tuscan beige, natural beige, light golden bronze, medium sun bronze, and deep copper bronze.

Four shades have been added to the Patina collection of powder eyeshadows (£2.50)—spungold blue, spungold bronze, spungold green and spungold violet. Complementing these new colours, Revson have introduced a new formula Creamy Powder Blush (£2.50) that contains moisturisers to ensure a "creamy" finish.

Available in three shades—light, medium, dark—Ultima translucent pressed powder (£2.10) has been introduced. This new compact powder contains moisturisers to keep the skin "fresh and silky."

For sale in November is Sheer Radiance (£2.75), an "overglow of colour" that can be worn alone or over make-up as a highlighter (Charles Revson, 86 Brook Street, London W1).

### For him, and her

Max Factor have introduced a fragrance designed to appeal to both men and women. Citrus Musk, described as a blend of cool, fresh lemon with the warmth of musk, comes in a "man-size" Cologne lotion for men, and a perfume oil and Cologne spray for women.

Citrus Musk for men (£1.30) may be used as an aftershave, or as a body Cologne. Citrus Musk perfume oil (£1.10)

is a concentrated oil which has a "long-lasting" effect. The Cologne spray (£0.90) is a lighter version of the perfume oil and is designed to be used all over the body. The products are packaged in bottles labelled in matte silver, orange, and dark brown, designed to appeal to men and women (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

### Double-tone nail enamels

A range of iridescent nail enamels has been introduced to the Tangee range of cosmetics. Called Double-Tone nail enamels, there are two types—Glitter-glo (£0.25), four shades containing sparkles to reflect the light, the shades are clover pink, raspberry red, meadow green and suntinged yellow; Soft-glo (£0.25), six subtle shades consisting of satin lilac, orchid pink, tropic coral, minty green, shot-brown and toffee beige. Both enamels come in 15cc bottles, and there is a two-tier display unit which holds four bottles of each shade of Glitter-glo and Soft-glo (Winarick (UK) Ltd, unit 15, Heywood Industrial Estate, Heywood, Lancs).

### Black Knight shampoos

Two shampoos aimed at the male market have been introduced by Bristol-Myers. They are, Black Knight conditioning shampoo and herbal shampoo for greasy hair. Both shampoos are in black, shatter-proof bottles, printed in green for the herbal, and orange for the conditioning shampoo. They come in one-size only—90 cc (£0.37). To promote the launch the shampoos are pre-priced to sell at £0.26. They are available during the launch period in a compact counter display unit containing six each of the shampoos (Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB).

### 'Streakers' from Eylure

Eylure have added real-hair eye lashes to their Miss Eylure range—Streakers (£0.64). The lashes are long, made of spaced out groups of hairs on a fine, "invisible" base (Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Mon).

### Lenthéric fragrance range

Sukina is the latest fragrance range from Lenthéric, said to "fill the gap" between their Just Musk perfume and Tweed. Packaged in blue, gold and clear glass, Sukina comes in essence de parfum (£2.75), parfum de toilette spray (£1.90



and £1.30), foam bath (£1.00) and perfumed talc (£0.59) (Lenthéric Morny Ltd, 17 Old Bond Street, London W1X 4AY).

## Household

### Cold water whitener

Dylon have extended their range of fabric whiteners to include Dylon-CC curtain white (£0.49), a cold water whitener for net curtains that eliminates the need for boiling. The whitener comes in a screw cap, white high density polythene bottle containing 4½ fluid oz, enough for 12 average-size curtains. There is a counter display unit holding 12 bottles available from the makers who are offering 12 for 11 on orders received before November 30 (Dylon International Ltd, Lower Sydenham, London SE26 5HD).

## West German products in UK

Two groups of products from West Germany are to be distributed in the UK by Boma Products who are extending their policy of marketing chemist brand leaders from EEC countries.

The first group is the Zwingel "Choisi" range of toiletry and hair sundries, made by G. Zwingel AG, Nurnberg. The range includes toilet travel sets, cosmetic mirrors, hair brushes, combs and hair gift sets. There are floor stands holding 30 and 100 items. The range has been test-marketed for a year in the North-west and South-west regions and will be promoted nationally through consumer maga-

zines with emphasis on chemist outlets.

Boma are also marketing the Uvex (ultra violet exclusion) range of sunglasses made by Winter Optik AG, the brand leader in West Germany. Polavision and variomatic lines retail from £3.00 to £11.00 and there are metal frames with tempered lenses which retail from £2.50 to £6.00. The full Uvex range will be available on display stands holding 30 and 100 articles and display stands for teenage and children's sunglasses are also available. Advertising will appear in consumer magazines (Boma Products & Co, 28 Paris Avenue, Newcastle, Staffs ST5 2RQ).



DEPT	VAR
1	+ 7%
2	+ 1%
3	- 12%
4	+ 5%
5	- 8%
6	- 18%
7	+ 3%
8	- 4%
9	+ 5%
10	- 14%
11	- 1%
12	+ 6%
13	+ 22%
14	- 2%
15	+ 4%

*Should we stage a promotion here?  
Are our prices too competitive?  
What is our customer service like here?  
Is the stock range well selected?*

*Check last years seasonal dip.  
Check the display. Are we short of stock?  
Would a staff incentive scheme help?*

*Are our prices too high?  
Are we short of stock?*

*Should we repeat the advertising?  
Should we extend space?*

# Now you needn't play guessing games with your business

Sweda Protect and Inform Systems give you accurate and reliable information on how your business is operating. And they give it to you fast. Think how useful it would be to have a regular report in front of you, telling how every side of your business is doing.

In terms of staff efficiency as well as trading, Sweda Protect and Inform Systems can give you this. As well as showing which goods are successful and which aren't. Even more important, the details you get will help you plan for the future. Both immediate and long term. Because the information points to the questions you ought to be asking

to make your business run more profitably. Sweda Protect and Inform Systems are complete in themselves. They don't have to be dependent upon data processing, computers or computer bureaux

to help them do their job. Which is to give you a fast, regular source of dependable, relevant information. And whatever your business, that must help take the guesswork out of it.

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Irish Pharmaceutical Congress, Waterford

# General practice pharmacy compared in 52 countries

*A detailed comparison of general practice pharmacy in 52 countries was given to the Irish Pharmaceutical Congress meeting at Waterford last week by Mr J. C. Bloomfield, professional secretary of FIP general practice section and member of the Council of the Pharmaceutical Society of Great Britain. Mr Bloomfield drew his own inferences from information supplied by the countries, not all members of FIP, in surveys conducted in 1972 and 1973, and in a revision exercise this year. Below is a summary of Mr Bloomfield's lecture.*

In all countries except those of Eastern Europe, where all pharmacies are state owned and Sweden, where there is a monopoly owned corporation, pharmacists among others are permitted by law to own a pharmacy. They may be sole proprietors, or in partnership. In the following countries this prerogative is given to pharmacists exclusively: Austria, Botswana, Denmark, Finland, W. Germany, Iceland, Iraq, Israel, Ivory Coast, Jordan, Kuwait, Lebanon, Luxembourg, Philippines, Spain, Switzerland, Syria and Tunisia. Examination of this list reveals that the Arab countries of the Middle East all insist upon sole ownership.

In Australia, Italy, Netherlands, Norway and Portugal the law permits ownership by social security agencies and municipalities. Many countries have a further restriction limiting a pharmacist, or partnership of pharmacists, to ownership of a single pharmacy. A few, eg Denmark, Philippines, also restrict ownership to their own nationals. Canada and Gibraltar limit ownership to pharmacists and corporations which are 51 per cent pharmacist controlled and the USA hopes to move towards a similar situation.

The Bahamas, Belgium, Costa Rica, Great Britain, Hong Kong, Ireland, Japan, Kenya, Malta, Northern Ireland, South Africa and Sri Lanka all permit unqualified "persons", usually in the form of companies, to own pharmacies, but the management of every pharmacy must be under a pharmacist's personal control.

## Control

In practically every country the law requires that whilst a pharmacy is open to provide a pharmaceutical service it must be under qualified pharmaceutical control. There are exceptions to this general rule in that in some countries, eg France, Ghana, Ireland, Khmere, Spain and Queensland (Australia), a pharmacist is permitted to be absent from the pharmacy for a short restricted period.

These minor relaxations do not detract, in my view, from the fundamental overriding principle, that professional advice should always be available to the public at every pharmacy should this be required. This does not mean that advice will be needed, or sought, on every occasion that a medicine is sold. It is however an important maxim that sick persons can at all times obtain, from every

pharmacy which is open, expert guidance and help should this be needed. This must be one of the basic arguments in the presentation of any case to governments designed to illustrate the benefits of a policy restricting the distribution of medicines through pharmacies only.

Since in almost every case a pharmacy is under the personal control of a pharmacist, he must accept full responsibility for its management. He is therefore in a position to supervise the sale, or make the sale personally of those products requiring that degree of pharmaceutical control for the necessary protection of the individual. This is where he exercises his professional responsibility for the greater benefit of the community.

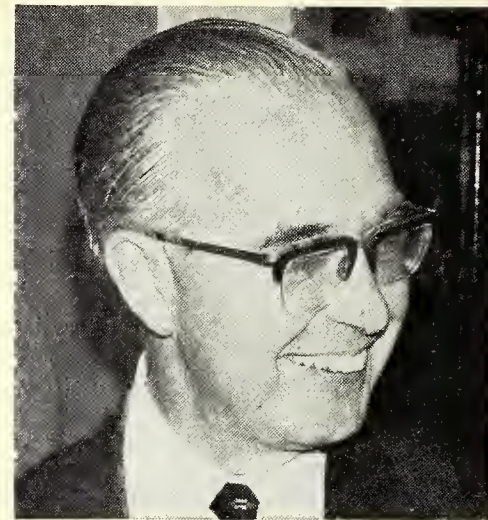
In the following countries the law permits the sale by a trained pharmacy technician of medicines not requiring a prescription: Bulgaria, Czechoslovakia, Denmark, Ethiopia, Finland, France, Greece, Hungary, Ireland, Ivory Coast, Jordan, Kenya, Netherlands, Poland, Rumania, Switzerland, Tunisia and Yugoslavia. All the Eastern European countries participating in the survey are included in this list, and in every case there is a recognised grade of technician with a set course of instruction and training. It is important that even where this special arrangement is in operation, the technician is able to refer any request for advice to a pharmacist when the nature of the inquiry demands it.

These two factors—namely the constant access to responsible professional advice, and the control of sales by qualified persons—clearly distinguishes the pharmacy from every other form of retail establishment, and it is vital that this clear distinction continues to be apparent to members of the public.

## Distribution of pharmacies

In a majority of countries the geographical distribution of pharmacies is controlled. The 1974 survey revealed that in 30 countries the location of pharmacies was controlled either on the basis of population per pharmacy, or distance between the pharmacies, or a contribution of both factors. The countries of Eastern Europe tend to have a higher population/pharmacy ratio than most, and those of the Scandinavian group are predominantly in the highest portion.

Of the 27 countries with a population



Mr J. C. Bloomfield

per pharmacy of 8,000 or more, only eight do not exercise control over the distribution of pharmacies. Of those with a population per pharmacy of 4,000 to 7,999, there is control in eight out of 14. Not surprisingly, no controls over openings exist in six of the nine countries with a population per pharmacy of 4,000 or less. Of the total of 20 countries where no control is exercised, 15 could be said to have been influenced by the pattern in Great Britain.

When there is no control over openings, it may well be that the population per pharmacy in the highly populated areas is substantially lower than that shown for the country, and the pharmacies in less densely populated areas serve a much larger number of people spread over a wide geographical area.

It would be interesting to examine whether control over openings in these countries where it operates has succeeded in ensuring, because of the more even distribution, that a higher proportion of the public has convenient access to a pharmacy, although the average population per pharmacy is higher than in the countries where no control exists.


## Medicine distribution

Apart from medicines sold by doctors, dentists and veterinarians, one of three situations exists in the various countries:

- A. The sale of medicines to the public is reserved exclusively to pharmacies;
- B. The sale of certain medicines is reserved to pharmacies, but other medicines can be sold from a number of shops, the range of which may or may not be restricted and type of medicines may or may not be restricted. In some countries, such as Great Britain, legislation is being implemented of which the general principle will be that the sale of medicines is restricted to pharmacies, but medicines on a "general sale list" can be sold from any shop.
- C. The sale of medicines is generally reserved to pharmacies, but to meet the needs of the public in some areas, sales from other nominated outlets is permitted, subject to control being exercised through a pharmacy of the supply of medicines to those other outlets.

*Continued on p 560*

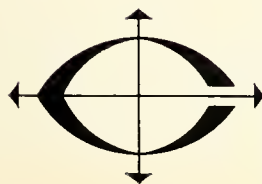




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# General practice survey

Continued from p 558

Belgium, Bulgaria, Czechoslovakia, France, Greece, Hungary, Israel, Italy, Malta, Philippines, Rwanda, Spain, Syria and Yugoslavia totally reserve the sale of medicines from pharmacies only — in general, the Eastern European and Latin countries come within this category. System C is operated in Austria, Denmark, Finland, Ivory Coast, Jordan, Mauritius, Norway, Portugal, Rumania, Sweden and Tunisia. The remainder indicated that their system was as outlined in B.

## Link

I have endeavoured to find a definite link between the population per pharmacy ratio, and the distribution of medicines classification, but there does not appear to be any indication of a clear pattern emerging. I suggest that it is logical to assume that the higher the population per pharmacy ratio, and hence the greater distances the public will have to travel to purchase their medicines, the greater the possibility of public clamour for their wider distribution.

But this theory is not supported by the facts. Indeed of the 23 countries having a population per pharmacy ratio upwards of 8,000 to 1, and who completed this section of the questionnaire, only eight, namely, Bahamas, Hong Kong, Kenya, Netherlands, Poland, South Africa, Sri Lanka and Swaziland, have any form of "general sale list". With the exception of Poland and the Netherlands, these have all been influenced by the distribution pattern in Great Britain. This policy of restricting to pharmacies the right to sell medicines, can only be due to an awareness and recognition on the part of the legislators of the extremely important protective role played by the pharmacist in the health care of the community, and the overall acceptance by the public of the value of this control over the distribution of medicines.

The attitude of the public, which must to a great extent be influenced by the pattern for the distribution of medicines which has, historically, operated in their respective countries is certainly a very important factor. There is bound to be resistance to dramatic change in those countries where medicines are currently sold in a wide range of outlets other than pharmacies. Gradual change must therefore be the key to developments in these countries which will, of course, be to the overall benefit of the public.

One must accept that as the population per pharmacy ratio increases, the pharmacy units must grow in size because these will be fewer in number. Concurrently, one would also expect to find the number of pharmacists employed in each unit increasing. There is certainly a trend in this direction but, with one or two notable exceptions, no more than a trend. A number of anomalies have also been revealed, and the most startling of these arises from information submitted

by the Netherlands. It has the second highest population per pharmacy ratio in Europe (15,000 to 1) and yet the pharmacists per pharmacy ratio is only 1.1 to 1. I understand that this can be attributed to the following reasons: a wider distribution of medicines through drug stores (there are approximately 4,000 of these in the Netherlands); a concentration of pharmaceutical activity on purely professional services (dispensing, biological analyses, technical information services, etc); a high level of training for pharmacy technicians employed in the pharmacies; and a considerable degree of doctor dispensing.

The groups of countries which clearly confirm the correlation between an increasing population per pharmacy ratio and a higher pharmacists per pharmacy ratio are those in Eastern Europe and Scandinavia.

Some 36 countries have a recognised grade of technician. The length and type of courses, syllabuses, form of qualification, and degree of responsibility varies in the different countries. Again, all the Eastern European countries confirmed that they had a systematic training programme for technical assistants, and that these were employed in their pharmacies. With the exception of Norway, this situation is also applicable to Scandinavia.

## Nature of premises

In the 1972 survey the following question was included: Are there any legal requirements that the section of a retail pharmacy business in which professional services (including the sale of medicines) are provided, must be physically distinct — ie separated by rigid walls — from the remainder of the premises?

This question was repeated in the 1974 revision, and, of the 51 countries responding, the following replied in the affirmative: Australia (certain states), Austria, Belgium, Canada (some provinces), Czechoslovakia, Finland, W. Germany, Greece, Iceland, Iraq, Israel, Italy, Ivory Coast, Japan, Jordan, Kenya, Luxembourg, Mauritius, Philippines, Portugal, Rumania, Switzerland and Yugoslavia. The issue is not as clear cut as it would seem since apart from Finland all the other Scandinavian countries have no legal requirements regarding physical separation of the professional part of their premises, although a very high standard of pharmacy is practised. It would also be seen that although Czechoslovakia, Rumania and Yugoslavia appear in the list, Bulgaria, Hungary and Poland do not, although the nature of their pharmaceutical practice is not dissimilar. I think the reason for this is that the whole of the premises is devoted to what must be regarded as "professional services", and therefore the question of physical separation does not arise. If one accepts this as a logical explanation, then a majority of countries insist upon physical separation of that part of the premises where professional pharmaceutical practice is carried out. This enables the public to identify readily that section of the business which relates exclusively to professional services.

In addition to the dispensing of prescriptions with attendant professional services, the other major activity in a

majority of pharmacies is the sale of medicinal products, dressings and surgical appliances, and other health and hygienic preparations. Biological analyses are carried out in the pharmacies of 15 countries only — Belgium, Canada, Denmark, France, W. Germany, Gibraltar, Great Britain, Luxembourg, Poland, Portugal, Spain, Sweden, Switzerland, Tunisia and USA — and in many of these, only a limited number of pharmacies are fully equipped for the work, with a consequent restriction on availability of the service.

Contrary to popular belief, the pharmacies in practically every country sell toiletries and cosmetics. These may be limited in extent, or represent a comprehensive range of stock. In Denmark the DAK laboratories, which are owned and controlled by pharmacists, manufacture a range of cosmetic products for sale exclusively in their pharmacies. In eight countries only is the sale of cosmetics expressly excluded — Bulgaria, Czechoslovakia, W. Germany, Hungary, Iceland, Poland, Thailand and Yugoslavia — whilst in the following countries the sale is extremely restricted: Finland, Netherlands, Norway, Rumania and Sweden.

Photographic goods are available from pharmacies in 17 countries only, optical goods 20 countries, and hearing aids 15 countries. Most countries permit the sale in pharmacies of baby-care products, but only a small number allow any extension beyond the range of goods mentioned.

## Conclusion

From the evidence given, it is clear that the pattern of development of pharmaceutical practice in the various countries has been due to historical factors, and to the influence of commercial, political and cultural ties of one country with another. It has also been affected by the philosophy which determines a particular state's policy not only in deciding the form of federal or state pharmaceutical legislation but also the content of other laws which, although not dealing directly with pharmacy practice, undoubtedly have a great bearing on the way in which practice develops — laws such as those relating to the maintenance of prices, the control of monopolies and the banning of agreements relating to restrictive practices.

No less important have been case-law decisions handed down in federal and state courts, which have exerted a great influence on the progress of pharmacy practice in a country. Whether these influences will continue to exert in the future the same pressures that they have had in the past, remains to be seen.

## Community care course

The Postgraduate Education Committee of the Pharmaceutical Society of Ireland has arranged a series of 12 lectures by medical specialists to enable pharmacists to deal effectively with many day to day medical queries. The course fee is £15 and all lectures will be delivered at the College of Pharmacy. Further information can be obtained from the Committee's director, Mr D. W. P. Boyd, College of Pharmacy, 18 Shrewsbury Road, Dublin 4.



# Socio-economic conditions surrounding VTO

If the present trend of pharmacy closing continues at 250 a year there will come a time when there will be sufficient dispensing for pharmacy to be made viable without OTC business. The trend seems inevitable, the question was when. So said Dr J. C. Morrison, BSc, PhD, MPS.

Dr Morrison, principal lecturer, School of Pharmacy, Portsmouth Polytechnic, was the third speaker at the conference on voluntary trading organisations organised by the Institute of Pharmacy Management (last week p 534). His remit was the socio-economic conditions surrounding VTO's and low cost distribution in the UK. The following is an abstract.

Between 1963-70, the number of pharmacies declined by 14 per cent but the number of pharmacies dispensing fewer than 18,000 prescriptions annually has decreased by 50 per cent. In addition, pharmacies with fewer than 18,000 prescriptions in 1963 accounted for 44.6 per cent of all prescriptions, compared with only 20 per cent in 1970.

The number of wholesalers is decreasing, many of the small ones having sold out to the large ones. These require orders in reasonable bulk at set times and "disciplined" buying by both wholesaler and retailer if they are to remain in business.

Buying groups can negotiate good terms but the amount of administrative work is often underestimated. VTO's must have advertising to establish the group symbol and may impose a limit on the number of distributors or a minimum turnover. Small accounts tend to get eliminated.

## Registered Pharmacies in Britain (1972)

Companies (more than one pharmacy owned by one pharmacist)	4,827
Boots	1,377
Co-ops	503
One-man business	5,281
Total	11,988

NHS remuneration would have to be greatly increased before pharmacists could become financially satisfied with NHS work only.

In the Care scheme "self-discipline" of the membership will be required in the following areas: More standardised buying to achieve corporate aims e.g. use of NPU symbol, pre-printed order forms, etc, adherence to certain standards of merchandising service, possibly including shop lay-out and appearance (similar in principle to SPAR group) and more extensive promotion of own-brand products.

## Discussion

Mr N. O. Oso, Nigeria asked if the schools of pharmacy were not turning out too many graduates in view of the decline in the number of shops. Dr Morrison agreed but said "We cannot do anything about it. In two years' time the schools would be turning out 1,000 graduate pharmacists a year.

Dr D. H. Maddock disputed the figures given for the number of "truly independent" pharmacies (one pharmacist — one shop only). He believed they represented less than 20 per cent of the total from the register because a pharmacist could own several businesses under different names. He also wondered whether there might be repercussions from VTO's. "What if the Government turned round and said 'you have established a VTO to sell goods to the public at a lower level, you can do the same for medicines' and we will be well on the way to being nationalised".

Dr Morrison mentioned an alternative to nationalisation that was that certain areas of hospitals might be set aside for the manufacture of BNF preparations, extra pharmacists hired to manufacture these and the public would have to go there for them. Mr W. A. Beanland, Lancashire, asked if there was real discount buying under VTO or was it not

just a case of manufacturers setting unrealistic prices (recommended and trade) in order to give apparent extra discounts.

Mr A. R. Ritchie, Essex, believed there would be a revulsion against the large medical centres and central pharmacies. The speaker had earlier suggested that these were the most economical form of distribution.

Dr Morrison: "I hope you are right".

## Final session

The last session of the conference was a forum at which (with one exception) all the speakers were present to answer questions from the delegates and from the platform. Before this, six speakers briefly gave their opinions and experience of VTO's in Britain. These speakers were W. A. Beanland, W. M. Cox (Herbert Ferryman Ltd — Care), C. V. Hammond, A. V. Reed (Sangers Ltd.), P. M. Worling (Vestric) and W. H. Hart (Unichem).

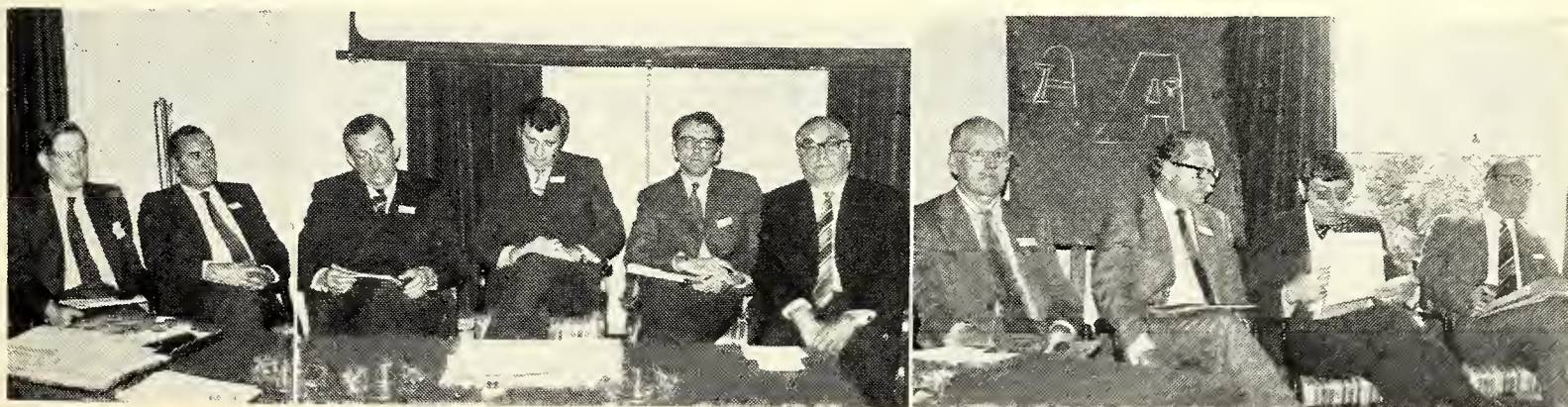
Mr Worling said there was room for more than one VTO but warned "Let us not forget that half the retail pharmacist's turnover comes from the front shop but it is only half and it may even be argued whether it is the most important half." The argument for the formation of voluntary chains was well known as was the development of the grocery trade. The real impact in the British supermarket scene has, however, been made by the chain and not by the voluntary group, and the association of the retailer with the group is in many cases a weak link.

The retailer should increase the number of times he turns over his stock so that he can gain increased profitability without increasing his capital investment. Management information would enable him to do this. He must consider very carefully whether in the long term, buying more at a little less is better than buying less at a little more and turning that stock over more frequently.

Mr Hart outlined the history of Unichem and what their trading offered. He said the real benefits of Unichem as a VTO were only enjoyed by the shareholder members, although any independent retail pharmacist may deal as an ordinary customer. It was, he said, the "only major pharmaceutical wholesaler in Great Britain in which the retail customers exercise direct control on its trading policy".

Mr Reed said his company's Apocaire scheme varied in different parts of the country. The only thing that was uniform was the list of special monthly offers. In

*Continued on p 562*



Panel members for the forum: From left P. M. Worling, A. F. Reed, W. M. Cox, W. H. Hart, Dr T. G. Booth, M. Madge (chairman), C. V. Hammond, T. R. Manning, Dr N. A. Campbell and W. A. Beanland



Continued from p 561

the London area, by way of promoting the Apocaire name they had started to use commercial radio and to display bill-posters.

Mr Cox said the "average" turnover of a pharmacy unit (excluding Boots) was say £40,000 a year; multiplied by the number of pharmacies (10,000) the total became £400m, or, at cost, £300m. Regrettably stock turn was only five times a year—thus at one time £60m was on the shelves in retailers and wholesalers. "Improve the stock turn to eight and the holding is reduced to £40m thereby releasing £20m for injection into the liquidity of the business." There would then be funds for modernisation of premises, staff training, etc.

Mr. Hammond emphasised by means of slides the changes that had taken place over the last decade in dispensing pattern. The smaller units had virtually disappeared and the "big boys" had got bigger.

Mr Beanland said he was convinced some system to help retail pharmacists was necessary but Care or Apocaire were not the answer. Using identical shopfronts or other means of like identity was wrong. "We need to retain our personal nature otherwise we become a working man's Boots. There is no advantage to a pharmacist in promoting the same thing at the same time at the same price and national advertising does not direct a single customer to your particular shop."

#### Forum

In the forum Mr Hammond called for a universal symbol so that the public could easily identify a pharmacy. For a business specialising only in dispensing the minimum prescriptions necessary to be viable was 3,000-3,500 a month.

Dr T. G. Booth, Bradford, mentioned a research programme they had started in his area to find out whether members want a commercial or a professional programme for their practices.

Mr I. F. Jones, Bradford, said once again pharmacists were disunited. Instead of one big organisation for buying there were several. "If I were in retail tell me which scheme is the best" he asked amid laughter.

Dr Campbell answered that life was a series of alternatives.

Mr Cox pointed out that manufacturers "would be most unhappy with just one scheme." A healthy competition was needed.

Mr D. A. Yeo, Nottingham, asked whether the VTO schemes had anything to offer those businesses doing three or four times the average turnover mentioned (£40,000).

Replying, Mr Cox said when deciding which VTO to accept, the pharmacist must look at "the package" which in his (Carc) case included staff training and so on.

Mr Manning said 20 per cent of Plus members had a turnover in excess of £15-£20,000 a month and they needed Plus for their buying. The trend towards larger pharmacies obtained in South Africa as in Britain. Mr M. Lightfoot, Carlisle, suggested that the next logical step for Care would be a franchise operation.

## Company News

### Glaxo sales up by £31m

Glaxo Holdings Ltd's group external sales, excluding wholesaling at £202.6m in the year ended June 30, were up by about £31m on the previous year. Profit, before tax, at 43.47m was up by nearly £10m while net profit was up from £18.66m to £22.21m.

Sales to Vestric were £10.87m (£9.96m) and sales by Vestric £66.89 (£58.18m).

UK group sales increased by 1 per cent and in markets overseas by 24 per cent. Net dividend total is raised by the maximum allowed.

### Dutch firm to build starch plant in Britain

A large Dutch company with interests in the production and sales of starches and allied products of the order of £150m a year, have commissioned a plant for the production of starches at Tilbury.

The complex has been commissioned by Koninklijke Scholten-Honig NV (KSH), the Netherlands, whose interests in the UK are controlled by Royal Scholten-Honig (Holdings) Ltd, Slough, whose sales in 1972/73 were worth £18m.

Apart from providing for the extra maize starch needs of existing UK subsidiaries the new plant will use the maize starch as a raw material for its own production of starch syrups (including isomerase, a new high fructose syrup), as well as for a wide range of chemically and physically treated industrial starch derivatives.

### United Glass plans to invest over £30m

United Glass plans to invest over £30m during 1974-76. Plans include the completion of a large glass furnace in Scotland.

The group's results for the 28 weeks ended July 6 showed a profit before taxation of £2,623,000 compared with £2,953,000 for the same period in 1973. Sales were £36,316,000 (£30,653,000) and profit after taxation was £1,273,000 (£1,553,000).

The chairman, Mr J. R. Cater, said: "The results reflect the problems which the company has encountered in the first half year. Although the demand for all products continued at a high level, regrettably the three-day week and subsequent difficulties in obtaining deliveries of raw materials and fuel, restricted output."

#### Briefly

**D. M. Wood**, 1 Mount Street, Aberdeen, has taken the George D. Diack business at 9 Inverurie Road, Bucksburn, Aberdeen. Mr Diack has retired.

**P. Williams (Chemists) Ltd** recently opened a branch pharmacy at 57 Beam Street, Nantwich, Ches.

**Unichem** have opened a larger depot at Sheffield. Double the size of the former site, the new depot is in Rutland Road.

The pharmacy of **Mr C. K. Pass**, 198 Court Road, London SE9, established in 1932 has closed following the retirement of Mr Pass.

**ICI pharmaceuticals division** has supplied almost 1 ton of antibiotics and disinfectants to the Honduras Emergency Committee to help relief work, following the recent devastation of the Northern part of Honduras.

**Pharmarama 70 Ltd**, 4 Telford Avenue, Brixton, London, was compulsorily wound up in the High Court on October 14. The judge made the order on the petition of Shulton (Great Britain) Ltd, judgment creditors for £524, supported by nine other creditors with debts totalling £1,132.

The first ever city centre **Woolco** department store has been opened in Sheffield by the Woolco division, F. W. Woolworth. "If it does well there are obviously a considerable number of city centre Woolworth stores which could be converted in the same way," they state.

**Guinness Peat Group Ltd**: The merchanting, commodity and chemical operations of the Group continue to operate at a high volume and despite increasing costs and high interest rates Lord Kissin, chairman, tells members that he has every reason to expect a substantial contribution to the current year profit from each of those activities.

#### Appointments

**Proprietary Association of Great Britain** has appointed Miss Marion Kelly, MPS, their advertising services executive.

**Roure Bertrand Dupont Ltd**: On the retirement of Mr A. W. Munns as chairman (see p 550), Mr C. Vidal has been appointed to succeed him. Mr J. B. Poucher remains as managing director, and Mr R. W. Harris and Mr J. Amic have been appointed as directors.



Wellcome medical division has appointed five new regional sales managers. They are from left (back row) E. Smith, MPS, DMS (responsible for London and the South-east); R. A. Crabtree, MPS (East Midland, East Anglia); R. F. Grice, MPS (Cheshire, Lancashire and Yorkshire); (front) J. E. Jeffery, B.Pharm, FPS (South-west Midlands, Wales) and W. R. Laird (Scotland, North of England).



# Letters

## Insults refuted

Dr Morgan-Williams' insulting remarks in *Pulse* (C&D, October 5) about pharmacists in general and rural pharmacists in particular will, I am sure, arouse nothing but disgust in the minds of most of his fellow practitioners. He appears to have selected his words with some care in order to be as offensive as possible. In view of the wide publicity his article will have received, I feel that it is right that his remarks should be considered in detail and a rational reply made without the apoplectic hysteria which seems to be driving his pen.

Dr Morgan-Williams devotes most of his article to deriding the profit motive in as offensive a manner as possible. Come, Sir, let's have just a modicum of honesty. Can any business be viable without profit? Does any medical practitioner enter the profession for altruistic reasons only or is he also dependent on an income to pay his way in life?

As a pharmacist in a rural area I particularly resent the slur in his remarks regarding "throwing rural patients to the tender mercies of a disorganisation of small commercial ventures which have no intention of providing either a 24-hour service in any area or any sort of service at all in the areas from which they cannot make a profit."

Dr Morgan-Williams, I invite you—nay *challenge* you—to visit my rural pharmacy in the small market town of Longtown, Cumbria (pop. 2,600) at any time even without prior notice, so that I may demonstrate your ignorance of the rural pharmaceutical situation. You will find a clean, well-stocked retail shop, fortunately providing a profit—which enables two pharmacists to provide a first class dispensing service for a wide area and variety of medical practitioners. Not one solitary prescription leaves our premises without being checked by a member of the only profession which has been fully trained to fill this position. I am afraid you will have to take the word of my partner and myself in our assertion that pharmacy is our chief interest and *raison d'être*. The non-medical side of the business would have no appeal to either of us on its own. You are cordially invited to make a visit, inspect premises, records and methods. You would also be able to confirm through local G.P.s that although the shop door is not open for 24 hours every day, patients requiring an "urgent" script dispensed have never found that there has been an inordinate delay in the past 17 years. Please don't have the insolence to infer that when I leave my home around midnight in order to dispense an "urgent" script then I am motivated solely for profit.

As a pharmacist, I consider that the

unpleasant inuendo of there having been "tricks employed" by certain pharmacists which "have not been particularly creditable" should be investigated by an unbiased and responsible body in order to remove any undeserved slur or put a stop to any unethical practice. I can well understand how frustrating it must be to a rural pharmacist who finds that his wish to provide a comprehensive pharmaceutical service is rendered completely uneconomic because of the usurping of his right to dispense by the actions of another profession.

So often in life, one finds that a particular profession can be very knowledgeable in regard to the matters of another profession. The accountant is often able to advise his client on a legal point. The pharmacist can often make a useful diagnosis for a minor complaint. An architect can often give advice on costings. But in no case other than that of the dispensing doctor does a member of a profession employ unqualified lay people to usurp the function of another profession for profit.

Harold Jobson  
Longtown

## More questions

Having had no reply from Mr J. Wright to my letter (C&D, September 28), I would now like to ask him:—

1. Now the election is over and the hospital pharmacists have received their 43 per cent increase, have you immediately contacted Mrs Castle with an updated pay claim for proprietor pharmacists? (See p546—Editor.)

2. Have you tackled Mrs Castle on her statement to the papers "You cannot have an efficient or humane Health Service by exploiting the people who work in it." I should have thought this would be an excellent lever to work with, as also would the "expenses" she granted to dental practices.

3. How many members of the Central NHS (Chemist Contractors) Committee have served on the Committee for more than 10 years?

4. In the Central Committee's paper *Action* it is stated "Notional salary"—how it is decided: 'In the case of the present notional salary claim the manager's salary

and benefits totalled £3,034.' This is definitely downgrading. From advertisements managers' salaries are considerably higher, and there is house rent free, paid holidays, superannuation, etc. As for proprietorial lead of £994—"National Insurance on the basis of a self-employed person's annual contribution and superannuation are included together with accommodation and additional hours"—this is absolutely ludicrous. My pharmacy rates alone amount to £8.50 per week. So what we receive "in cash terms for extra experience, responsibility and skill of the proprietor" is £ Nil.

It does seem to me that to have a Committee who are bent on downgrading the proprietor pharmacist in both salary and status (and make no bones about it, this is exactly what the public and the Department must think when you ask for these pettyfogging little increases) is the crux of why you are taking so long to get absolutely nowhere.

I think the Committee should be halved and led by a paid negotiator to deal with our remuneration on a salaried basis to bring us in line with all other members of the Health Service. Then the Committee will be able to take their place round the table with all branches of the Health Service when it comes to pay rises.

E. E. Spencer  
Cinderhill, Nottingham

## The public must suffer

I believe that Mr Stanley Ackers (last week p 528) had not got his priorities correct. In order to bring any grievance to full fruition it *must* be the public who bear the full force of any sanctions. Without the hue and cry so produced any grievance will be merely pigeon-holed by authority.

Thus we pharmacists should consider enforcing the following sanctions: To collect £1 per item dispensed to the person exempt or not and issue a receipt for refund via Social Security; to send all FP 10's so dispensed unsorted to the pricing bureaux thus if the pricing bureaux refuse to price them we shall have received payment on the day of dispensing. In this way our sanctions will not hurt us financially

J. D. Thomas  
Pelsall

## News in brief

□ The World Health Organisation has published a list of 85 proposed international nonproprietary names as a supplement to the September issue of *WHO Chronicle*.

□ The annual meeting of the Ulster Chemists' Association is to be held at 8 pm November 27, at 73 University Street, Belfast 7. Mr D. N. Sharpe, vice-chairman of the National Pharmaceutical Union, is to address the meeting.

□ A man whose addiction to "a proprietary medicine which contained chlorodyne and morphine" was not taken into account by judges who jailed him for

15 months for theft, successfully appealed against his sentence recently.

□ The use of lincomycin and clindamycin should be reserved for serious Gram-negative anaerobic infections and for some staphylococcal infections in penicillin-allergic patients, suggests a leading article in last week's *British Medical Journal*. The comment follows reports that the two antibiotics may cause an acute colitis.

□ Commenting in last week's *The Lancet* on the possibility that rauwolfia derivatives may carry a risk of breast cancer (C&D, September 28, p418), the scientific council on hypertension of the International Society of Cardiology supports the US Department of Health, Education and Welfare, that "until definitive conclusions are possible there should be no general change or disruption of therapy in patients with high blood pressure."



# Market News

## PATTERN MAINTAINED

London, October 16: The markets did not appear to react to the general election. Essential oils continued to fall while several crude drugs and a few pharmaceutical chemicals were marked up.

Against the trend in crude drugs, balsam copaiba, cardamoms, nux vomica, podophyllum and Cochin ginger were easier. Some Tinnevely senna is in easier supply but Alexandrian material is still difficult and awaiting the new crop. Dearer were hydrastis and lemon peel.

Easier among essential oils were Chinese cedarwood, cinnamon leaf, clove leaf, Bourbon geranium, lemongrass, patchouli and peppermint (*arvensis*).

Calcium sodium lactate, sorbitol and sulphaquinoxaline are dearer.

## Pharmaceutical chemicals

**Acetomenaphthone:** 100-kg lots 0.64½ kg.  
**Ascorbic acid:** £6.00 kg; 5-kg £5.00 kg; sodium ascorbate, plus 8p; silicone-coated, plus 25p kg.  
**Calciferol:** £450 per kg.  
**Calcium carbonate:** BP light £70.00 per 1,000 kg.  
**Calcium pantothenate:** £5.50 kg; £4.00 kg.  
**Calcium sodium lactate:** £0.819 kg in 50-kg lots.  
**Carotene:** Suspension 20 per cent £28.50 kg.  
**Cyanocobalamin:** £3.00 per g.  
**Hydroxocobalamin:** £3.50 per g.  
**Nicotinamide:** (per kg) £4.35; 5-kg £3.35.  
**Nicotinic acid:** (per kg) £4.05; 5-kg £3.05.  
**Pyridoxine:** £13.75 kg; £12.75 kg in 5-kg lots.  
**Riboflavin:** £19.00 kg; 5-kg lots £18.00 kg.  
**Sodium acid phosphate:** BP crystals £0.5505 kg for 50-kg.  
**Sodium benzoate:** BP in 500 kg lots £0.3969 kg.  
**Sodium carbonate:** Anhydrous £11.70 metric ton.  
**Sodium chloride:** Vacuum-dried £9.20 per metric ton in 10-metric ton lots, ex works.  
**Sodium citrate:** Granular £410 to £554 per metric ton as to source; powder £420-£564.  
**Sodium fluoride:** BP kg in 50-kg lots.  
**Sodium hydroxide:** Pellets BP 1958 in 50-kg lots, £0.58 kg; sticks (BP 1958) £1.35 kg for 50 kg.  
**Sodium nitrate:** BPC 1963 in 50-kg lots £0.5976 kg.  
**Sodium pantothenate:** (kg) £7.50; 5-kg £6.50.  
**Sodium perborate:** (per 1,000 kg)—monohydrate £285—tetrahydrate £167.  
**Sodium percarbonate:** (per metric ton) £170.75.  
**Sodium potassium tartrate:** Nominal.  
**Sodium sulphate:** BP crystals per metric ton £72.50; commercial £26.85.  
**Sodium sulphite:** Crystals (£50-kg) 0.121 kg.  
**Sorbitol:** Powder £397.50 metric ton in 250-kg lots; syrup 1-ton £172.  
**Sulphaquinoxaline:** BVetC in 500 kg lots (50-kg drums) £6.12 kg; sodium, £6.05.  
**Thiamine hydrochloride:** £9.20 kg; 5-kg £8.20 kg; mononitrate £9.70 and £8.70 respectively.  
**L-Thyroxine:** 1.25 per kg.  
**L-Triiodothyronine sodium:** £2.50 per g.  
**Vitamin A:** Oily 1 million iu per g £7.60 kg per 5-kg; dried acetate 325,000 iu per g, £6.10 per 500,000 iu £7.25—both in 5-kg lots.  
**Vitamin D:** Powder for tableting 850,000 iu per g £25.00 kg; £24.00 kg.  
**Vitamin E:** (per kg) acetate powder type "325" £6.70; type "500" £7.75 for 5-kg lots.

## Crude Drugs

**Aconite:** Spot nominal; £1,300 metric ton, cif.  
**Agar:** Spanish nominally £6.15 kg.  
**Aloes:** Cape £1,400 metric ton. £1,350, cif.  
**Curacao:** £1,450 spot; £1,350 cif.  
**Balsams (kg):** Canada: £18.00 cif. **Copaiba:** BPC £2.75 spot; £2.65 cif. **Peru:** £9.90 spot nominal; £9.60, cif. **Tolu:** £3.80 spot; £3.70 cif.  
**Benzoin:** BPC £68-£73.00 cwt spot; £67-£72.00 cif.  
**Buchu:** Rounds £2.95 spot.  
**Bay leaves:** No offer.  
**Belladonna:** (metric ton) Herb £425 spot; no cif.  
**Leaves** £800, cif. **Root** £400-£500 spot.  
**Camphor:** Powder £5.80 kg, cif.  
**Cardamoms:** (per lb cif) Alleppy greens No. 1 £1.90; prime seeds £1.95.

**Cascara:** £980 metric ton spot.  
**Cassia:** lignea broken £950 metric ton, cif; whole £1,100 duty paid.  
**Cherry bark:** Spot £540 metric ton; £525, cif.  
**Chillies:** Nigerian funtua £375 ton spot.  
**Cinnamon:** (cif) Seychelles bark £425 ton.  
**Cloves:** (Per ton, cif)—Ceylon £2,700; Madagascar £2,150, Zanzibar £2,450 nominal.  
**Cochineal:** Spot. Peruvian silver-grey £15.00 kg; Tenerife black £18.00 both nominal.  
**Colocynth pulp:** Spot, £720 metric ton.  
**Dandelion:** Spot nominal. Forward £820 metric ton, cif, Oct-Dec.  
**Gentian:** Root £2.10 kg nominal; £2.00, cif.  
**Ginger:** (ton cif) Cochin £510, Sierra Leone unquoted; Jamaican No. 3 £895. Nigerian split £570 (£600 spot).  
**Henbane:** Niger £1,350 metric ton; £1,250 cif.  
**Dray:** (per ton in 6-cwt drums ex-warehouse) Australian light amber £500, medium £490, Canadian £585, Mexican £470.  
**Hydrastis:** £9.80 kg spot; £9.50 cif.  
**Ipecacuanha:** (kg) Costa Rica £3.60 spot; £3.30, cif. **Matto Grosso** spot nominal £9.00, shipment £9.50 nominal, Colombian £5.30; £5.15 cif.  
**Jalap:** Mexican whole tubers £2,050 metric ton spot; £2,000, cif.  
**Kola nuts:** W. African £150 metric ton, £135, cif.  
**Lanolin:** 1,000 kg lots BP grades from £657; cosmetic £726; technical £620.  
**Lemon peel:** £860 metric ton spot; £850, cif.  
**Liquorice root:** No offers.  
**Lobelia:** European £1.10 kg, cif; American, coarse powder, £470 metric ton.  
**Lycopodium:** Indian £4.40 kg; £4.15, cif.  
**Mace:** Grenada No. 1 £3,024 ton fob.  
**Menthol:** Brazilian £20.50 kg spot; shipment £19.50, cif. Chinese £20.50 spot; £25.50, cif.  
**Nutmeg:** (ton cif) East India 80's £1,715, 110's £1,650; bwp £1,320. West Indies £1,650 for sound unsorted.  
**Nux vomica:** £10 metric ton spot; £130 cif.  
**Pepper:** (ton) Sarawak black £685, cif; white £880, cif.  
**Pimento:** (ton) Shipment \$(Jamaican) 2,500 fob.  
**Podophyllum:** Emodi £5.10 metric ton, spot; £500, cif.  
**Quillaia:** £1,350 metric ton spot; £1,300, cif.  
**Rhubarb:** Chinese rounds 60% pinky £1.45 kg.  
**Saffron:** Mancha superior £88.00 lb.  
**Senna:** Alexandrian, awaiting new crop. Tinnevely pods, faq manufacturing £0.25 kg; leaves No. 3 faq, £0.27 kg.  
**Styrax:** £2.55 kg spot; shipment £2.50, cif.  
**Sarsaparilla:** £1.25 kg spot.  
**Seeds:** (ton) **Anise:** China Star unselected 725 cif. **Caraway:** Dutch £365, cif. **Celery:** Indian £440, cif. **Coriander:** Moroccan £125 cif. **Cumin:** £565-£850, cif. **Dill:** Chinese for shipment £210; Indian £220, cif. **Fennel:** Chinese £320 spot; £335, cif. **Fenugreek:** £160, cif. **Mustard:** £320-£340 spot.  
**Senega:** No spot; shipment £6.60, kg cif nominal.  
**Senna:** Alexandrian and Tinnevely pods and leaves nominal.  
**Squill:** White unobtainable.  
**Tonquin beans:** £1.40 spot; £1.35, cif.  
**Turmeric:** Madras finger £280 ton, cif.  
**Valerian:** Indian rootlets £250 metric ton spot; £230, cif; new-crop root £650, cif.  
**Waxes:** **Bees'** nominal. **Candelilla** £630 metric ton, cif. **Carnauba** fatty grey £1,975 spot; £1,875, cif, prime yellow £2,100; £2,000, cif.  
**Witchhazel leaves:** Spot £1.85 kg; £1.80 cif.

## Essential oils

**Cedarwood:** Chinese £1.80 kg spot; £1.75 cif.  
**Celery:** English £38.00 kg.  
**Cinnamon:** Ceylon leaf £3.00 spot; £2.80, cif. English distilled bark £130 kg.  
**Citronella:** Ceylon £3.00 kg spot; £2.70 cif.  
**Clove:** Madagascar leaf £2.60 kg, cif.  
**Cod-liver:** BP in 45 gal lots £1.48 gal; veterinary £0.80-£0.85.  
**Coriander:** £14.50 kg spot.  
**Cubeb:** English distilled £20.00 kg.  
**Dill:** £16.00 kg nominal.  
**Eucalyptus:** Chinese £8.00 spot and cif for 80-85 per cent.  
**Fennel:** Spanish nominal.  
**Geranium (kg):** Bourbon £26.00 kg spot.  
**Ginger:** English distilled £70.00 kg.  
**Juniper:** English distilled £70.00 kg; imported unobtainable.  
**Lavender:** French £18.50 kg spot.  
**Lavender spike:** £13.00 kg spot.  
**Lemon:** Sicilian best grades from £10.00 kg spot.  
**Lemongrass:** Spot £3.10 kg; £3.00 cif.  
**Palmarosa:** No East Indian. Brazilian spot £8.20 kg; no cif.  
**Patchouli:** £7.00 kg spot and cif.  
**Pennyroyal:** To arrive £5.50 kg.  
**Pepper:** English distilled ex black £65.00 kg.  
**Peppermint:** (kg) *Arvensis* Brazilian £7.00 spot; £7.50, cif. Chinese £12.50 spot, £11.80, cif. American piperata from £16.00.  
**Rosemary:** Firm at £6.50 kg spot.  
**Sage:** Spanish £8.90 kg spot.  
**Sandalwood:** Mysore spot and cif £65.00 kg.  
**Sassafras:** Chinese £2.80 kg; Brazilian £2.40.  
**Spearmint:** Chinese £6.50 kg spot and cif.  

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the markets quotations change frequently.

# Coming events

## Sunday October 20

**Mercia Region, Pharmaceutical Society,** College of Education, Northampton. Conference. Dr K. Dalton on "Migraine"; Dr P. D. Fowler on "Rheumatology"; Dr J. R. Harper on "Epilepsy".  
**Yorkshire Region, Pharmaceutical Society,** University of Leeds, Woodhouse Lane, Leeds 2. Conference. Discussion of the motion "The future of the profession of pharmacy is in a state pharmaceutical service". For the motion: Dr T. G. Booth, Mr I. F. Jones; against the motion: Mr J. P. Kerr, Mr D. M. Crossland.

## Monday October 21

**Aberdare, Merthyr and Rhondda Valleys Branch, Pharmaceutical Society,** Criterion Hotel, Pontypridd, at 8 pm. Debate on the use of restricted titles in pharmacy.  
**Plymouth Branch, Pharmaceutical Society,** board room, Greenbank Hospital, at 8 pm. Mr T. Savery on "Plymouth and the new county council".

## Tuesday October 22

**Lancaster, Morecambe and Westmorland Branch, Pharmaceutical Society,** Postgraduate medical centre, Ashton Road, Lancaster, at 8 pm. Mr P. R. Payne on "Management of colostomy, ileostomy and urinary tract diversions".  
**Teesside Branch, Pharmaceutical Society,** Swallow Hotel, Stockton, at 7.45 pm. Dr A. M. Brown on "Some aspects of hypnosis".

## Wednesday October 23

**Bristol Branch, Pharmaceutical Society,** Dyrham Lodge, 16 Clifton Park, Bristol, at 7.30 pm. Supper dance.  
**Enfield Branch, Pharmaceutical Society,** Visit to Vestric Ltd., Enfield.  
**Lanarkshire Branch, Pharmaceutical Society,** Coltness Hotel, Wishaw, at 7.30 pm. Golf smoker (tickets £2.20).  
**Pharmaceutical Society,** William Beveridge Hall, University of London, Senate House, Malet Street, London WC1, at 7 pm. Hanbury Memorial Lecture. Professor A. H. Beckett (head of department of pharmacy, Chelsea College, University of London) on "The importance of three dimensions in biological action".

## Thursday October 24

**Bedfordshire Branch, Pharmaceutical Society,** Sun Hotel, Hitchin, at 8 pm. Dr S. E. Fullerton (NW Thames regional pharmaceutical officer) on "Reorganisation of the NHS and the work of the regional pharmacist".  
**Brighton and Hove Branch, Pharmaceutical Society,** Langfords Hotel, Third Avenue, Hove, at 8 pm. Mr R. G. Worby on "The work of the Central NHS Committee and you".

## Friday October 25

**Croydon Branch, Pharmaceutical Society,** Greyhound Hotel, Park Lane, Croydon, at 8 pm. Dr F. Fish on "Science in crime detection".

## Saturday October 26

**Scottish Department, Pharmaceutical Society,** 36 York Place, Edinburgh, at 2.15 pm. Joint meeting with the Scottish Society of the History of Medicine. Mr C. Drummond on "According to art" and Dr W. Cunningham on "The work of two Scottish medical graduates in the control of woollsorters' disease".

## Advance Information

**Anglia Region, Pharmaceutical Society,** School of Pharmacy, University of London, Brunswick Square, London WC1, November 17 at 10.15 am. Symposium on "New developments in stock control methods for general practice and hospital pharmacists". Cost including coffee, lunch and tea, £1.50.

**Royal Society of Health, Pharmaceutical Group,** 17 Bloomsbury Square, London WC1, November 19, at 7 pm. Annual dinner. Guest of honour, Sir John Richardson (president, General Medical Council). Tickets £7.75 from RSH conference department, 13 Grosvenor Place, London SW1X 7EN.

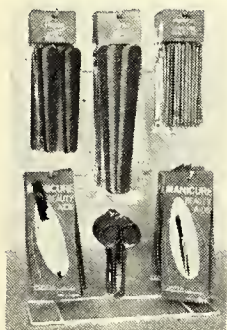


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# Why you should display **CEPLAC<sup>®</sup>** Dental Disclosing Tablets

Now available in a new pack of 12

CEPLAC is pleasantly tasting and shows where germs can hide on teeth and gums.

Dentists recommend CEPLAC to their patients.

CEPLAC encourages the use of tooth brushes and tooth paste.

## Stock up now and display



Berk Pharmaceuticals Limited, Shalford, Surrey.  
Regd. Trade Mark. J.4538

# Profit from CWExpertise!

CWE is one of Europe's leading manufacturers of home wine making ingredients. Our knowledge of wine making is as extensive as our product list – which has everything you need for a profitable wine making department. In the booming home wine market it pays to stock CWE – the name your customers know and trust.



Trade Sales Department  
**Continental Wine Experts Limited**  
The Winery, Cawston  
Norwich NOR 75X

*CWE – simply the best in home wine*

# Dequadin Dequadin Dequadin Dequadin Dequadin Dequadin



**The throat lozenge that's  
asked for by name**  
(and most widely-prescribed by doctors)

# Dequadin Lozenges

tubes of 20 and strip packs of 40.

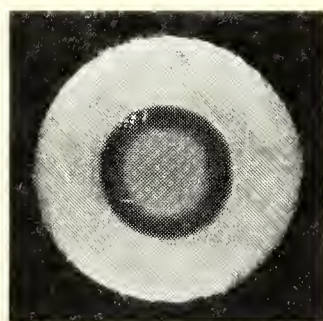


Dequadin is a Trade Mark of  
Allen & Hanbury Limited, London, E2 6LA.

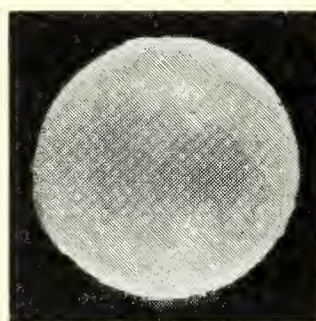


# Predictor.

## The home pregnancy test you can safely recommend.



positive result



negative result

Predictor is the only nationally advertised home pregnancy test you can safely recommend.

Years of research and development have perfected the well-known immunochemical demonstration of HCG in urine to such a degree that now it can be conducted by the woman herself in her own home.

Here is why you can safely recommend Predictor.

**Accuracy.** Predictor gives the same 99% accuracy that only the best laboratory tests can guarantee.

**Speed of Results.** Predictor detects HCG pregnancy hormone so sensitively that the test can be conducted only nine days after a period was expected.

And research shows that women consider this a highly important feature.

**Privacy.** Again, our research tells us that many women prefer to be the

first to know about their pregnancy.

Predictor is the ideal solution.

**Reliability & Simplicity.** Predictor is simple. The test can be set up in a few minutes and the results read two hours later.

As is demonstrated in the pictures above, the result is also perfectly simple for women to interpret.

A letter to the BMJ\* describes in-home trials organised by three doctors and concludes '...this test provides reliable results in the hands of the general public.'

Predictor sells only through chemist outlets, which means that customers will be asking you for Predictor.

Predictor sells at £1.96 per test which means profits to you of up to £1.00.

\*BMJ 13th Jan. 1973 pp 112/113.

### Predictor

The home pregnancy test you can recommend.

